



AMARANTH DIABETES FUNDRAISER

onboard Royal Caribbean's **Grandeur of the Seas**



SATURDAY February 2 TO THURSDAY February 14, 2019

Your Southern Caribbean cruise includes:

- Twelve (12) Nights' accommodations onboard **ROYAL CARIBBEAN'S GRANDEUR OF THE SEAS** (including taxes, fees and port expenses – subject to change at the discretion of the cruise line)
- All included meals and entertainment while onboard **ROYAL CARIBBEAN'S GRANDEUR OF THE SEAS**
- **PREPAID SHIPBOARD GRATUITIES** (for restaurant and stateroom services)

Your Southern Caribbean cruise itinerary:

Day	Port of Call	Arrive	Depart
February 2	Baltimore, Maryland		4:00 PM
February 3	<i>Day at Sea</i>		
February 4	<i>Day at Sea</i>		
February 5	<i>Day at Sea</i>		
February 6	St. Croix, U.S.V.I.	9:00 AM	6:00 PM
February 7	St. Johns, Antigua	7:00 AM	4:00 PM
February 8	Castries, St. Lucia	9:00 AM	6:00 PM
February 9	Basseterre, St Kitts & Nevis	9:00 AM	6:00 PM
February 10	Philipsburg, St. Maarten	7:00 AM	5:00 PM
February 11	<i>Day at Sea</i>		
February 12	<i>Day at Sea</i>		
February 13	<i>Day at Sea</i>		
February 14	<i>Baltimore, Maryland</i>	7:00 AM	

All itineraries are subject to change without notice.

PLEASE NOTE: Pre night hotel package will become available at a later date, for an additional cost. Package will include one night's lodging, roundtrip hotel-pier transfers, parking at the hotel for the duration of your cruise.

Rate Per Person*

Category 2V ~ Inside
\$1,298

Category 6N ~ Oceanview
\$1,480

*Rates based on double occupancy.
All rates and categories are subject to availability at time of booking.

Onboard Amenity

\$75.00 on board credit per cabin

(Based on a minimum of 8 fully paid cabins)



TRAVEL INSURED INTERNATIONAL
A CRUM & FORSTER COMPANY

OPTIONAL TRAVEL PROTECTION

Extensive Plans to help protect your trip.

\$93pp - CATEGORIES 2V and 6N

*Rates are based on double occupancy and on the cruise rates listed above.
Should anything additional be added to your booking to increase your per person cost, your travel protection plan rates may increase in order to provide complete coverage of your package. We encourage all travelers to purchase travel protection at time of deposit.

FUNDRAISER AMENITY

A donation of \$50.00 per stateroom will benefit the Amaranth Diabetes Foundation





General Terms and Conditions

RESERVATIONS: A deposit of **\$450 per person (\$900 per person for SINGLE OCCUPANCY accommodations)**, along with **FULL LEGAL NAMES & DATES OF BIRTH** will be necessary in order to secure your cabin. Any cabins requiring triple and/or quad occupancy will require the full deposit of **\$450 per person**, along with **FULL LEGAL NAMES & DATES OF BIRTH**. Triple and Quad occupancy cabins are based on availability at time of booking as these cabins are very limited in number. The balance will be due to us by **OCTOBER 25, 2018**.

PAYMENTS: You may charge any portion or the entire amount to your Boscov's Charge, MasterCard or Visa. If paying by check, make it payable to **Boscov's Travel**.

GUARANTEE OF RATES: All rates and space are subject to availability at time of booking. Cruise Taxes and Fees are subject to change/increase at any time without notice at the discretion of the cruise line. All increases would be the responsibility of the tour participant and must be paid in full prior to departure. Reservations paid in full at time of increase/change would not be exempted. Failure to pay these charges would result in denied boarding/travel.

GRATUITIES: Prepaid shipboard gratuities, in the amount of \$14.50 per person per day are **INCLUDED** in the rates as listed on this flyer. Gratuities are subject to change at any time and without notice at the discretion of the cruise line.

AMARANTH DIABETES FOUNDATION FUNDRAISER: \$50 per stateroom will benefit Amaranth Diabetes Foundation.

ONBOARD AMENITY: The onboard amenity is based on a minimum of 8 fully paid cabins.

CANCELLATION: Cancellations result in a costly process involving telephone calls, correspondence, record adjustments, refund checks, etc.; therefore, an administrative fee of \$25.00 per person plus any non-recoverable costs will be assessed. For cancellations made between 89 and 57 days prior to sailing, an additional \$450 per person (\$900 single occupancy) penalty will apply, in addition to any non-recoverable costs. For cancellations made between 56 days and 29 days prior to sailing, 50% of the total cost per person will be assessed, in addition to any non-recoverable costs. For cancellations made between 28 days and 15 days prior to sailing, 75% of the total cost per person will be assessed, in addition to any non-recoverable costs. Cancellations made 14 days or less prior to departure or "No shows" will receive **NO REFUND**.

OPTIONAL TRAVEL PROTECTION PLAN: Group Deluxe Travel Protection is **OPTIONAL** and **NOT** included in the price quote above. We encourage all travelers to purchase a Travel Protection Plan at the time of initial trip deposit. Plans help provide coverage for Trip Cancellation/Interruption, Baggage Delay/Loss, Missed Connection, Emergency Accident and Sickness Medical Expense, Emergency Evacuation/Repatriation of Remains, and more! **See Travel Insured Limitations & Exclusions below**. Please contact Randy Laub at Boscov's Travel for details.

VERY IMPORTANT: Optional Travel Protection Plan rates are based on double occupancy and on the rates as listed on this flyer. Should anything additional be added to your booking to increase your per person cost, your travel protection plan rates may increase in order to provide complete coverage of your package.

ADDITIONAL INFORMATION: A full description of Royal Caribbean Cruise Lines' Terms & Conditions is found in the Royal Caribbean Cruise Lines brochure, which is available at any Boscov's Travel.

TRAVEL DOCUMENTS: All United States citizens must carry a **VALID U.S. PASSPORT** with expiration date **AT LEAST 6 MONTHS** beyond the last day of travel. **If you don't have a passport, contact your Boscov's Travel Representative, Randy Laub at 717-274-1441 (Extension Travel) for information on how to apply for one.** **NOTE:** Due to travel security measures, your passport name **MUST** match your cruise line ticket name or you will be denied boarding. **IMPORTANT:** We recommend that our clients traveling abroad take a photocopy of their passport. It should be packed separately from your actual passport. We also recommend leaving a copy at home with your emergency contact.

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GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition; 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being Intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have, been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Purchase up to final Trip Payment for Pre-Existing Condition Waiver!

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased before final trip payment for the trip, for the full non-refundable cost of the trip and the booking for the covered trip is the first and only booking for this travel period and you are not disabled from travel at the time you pay the premium. This document contains highlights of the plan. The Plan contains insurance benefits underwritten by the United States Fire Insurance Company. Fairmont Specialty and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2015. The Plan also contains non insurance Travel Assistance Services that are provided by an independent organization, OnCall International, and not by United States Fire Insurance Company or Travel Insured International. Review the Plan Document for complete terms, including benefits, conditions, limitations and exclusions that apply. The Plan Document will be provided to you by your travel supplier upon purchase of the plan. Coverages may vary and not all coverage is available in all jurisdictions.

Reservation Coupon

Send to: **ATTN: Randy Laub-Boscov's Travel, 2201 Lebanon Valley Mall, Lebanon, PA 17042-2568.** You may contact Randy at 717-274-1441(ExtensionTravel) or email at rlaub@boscovs.com.

____ I would like to join the **Amaranth Diabetes Foundation** onboard Royal Caribbean Cruise Line's **GRANDEUR OF THE SEAS** sailing to the **SOUTHERN CARIBBEAN, FEBRUARY 2 – FEBRUARY 14, 2019.**

____ My **FULL** deposit of **\$450 per person** is enclosed for ____ # of person(s). [**\$900 per person for Single Occupancy**]
____ I wish to be notified, when the Hotel Pre-night package pricing becomes available.

____ I wish to add the **OPTIONAL TRAVEL PROTECTION PLAN: \$93 per person ~ Categories 2V and 6N** (based on double occupancy) Should anything additional be added to your booking to increase your per person cost, your travel protection plan rates may increase in order to provide complete coverage of your package. *****We encourage all travelers to purchase a plan at the time of initial deposit*****

____ **I DECLINE THE OPTIONAL TRAVEL PROTECTION PLAN** _____ Initials _____ Date _____

Due to security requirements any name changes after documents are issued will incur a change fee.

FULL LEGAL NAME (S) MUST BE LISTED EXACTLY AS THEY APPEAR ON YOUR PASSPORT INCLUDING MIDDLE NAMES AND/OR INITIALS

#1 First Name _____ Middle Name _____ Last Name _____ Date of Birth: ____/____/____

#2 First Name _____ Middle Name _____ Last Name _____ Date of Birth: ____/____/____

#3 First Name _____ Middle Name _____ Last Name _____ Date of Birth: ____/____/____

#4 First Name _____ Middle Name _____ Last Name _____ Date of Birth: ____/____/____

Street Address _____ City _____ State _____ Zip _____

Home phone () _____ Cell phone () _____ Email Address _____

Category Selected _____ Rate per Person _____ Crown & Anchor #'(s) _____ / _____

Cruise Dining: Table for ____ 6 or ____ 8 I would like to dine with _____

Dining Time: ____ **Early Dining (5:30PM)** ____ **Late Dining (8:00PM)** ____ **MY TIME DINING**** (**Anytime between 5:00PM and 9:30PM)

Special requests: (Wheelchairs, special services, diet, etc...) _____

#1 Passport Number _____ Name on Passport _____ Date of Expiration _____

#2 Passport Number _____ Name on Passport _____ Date of Expiration _____

#3 Passport Number _____ Name on Passport _____ Date of Expiration _____

#4 Passport Number _____ Name on Passport _____ Date of Expiration _____

Emergency Contact Name: _____ Phone _____ Relationship _____

IMPORTANT: I have read and agree to the above terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.

Signature

Date

____ I wish to use my **BOSCOV'S CHARGE**** # _____ I would like the **12 Months No Interest** ____
**** SPECIAL FINANCING OFFER AVAILABLE ON YOUR BOSCOV'S CREDIT CARD. Please see your Boscov's Travel Agent for details.**

____ I wish to use my **MASTERCARD/VISA** # _____ **EXP:** _____ **Security Code:** _____

____ I wish to pay by **CHECK** – please make it payable to **BOSCOV'S TRAVEL CHECK** # _____

