

A BETTER US COUPLE'S CARIBBEAN CRUISE

with RON & ANN MAINSE

MARCH 3 – 9, 2024



Join Ron and Ann Mainse and Dan & Danielle Macaulay for an unforgettable Caribbean cruise, as well as a special time of marriage enrichment onboard **Royal Caribbean's beautiful Symphony of the Seas**. In addition to exploring some exciting ports of call, you'll experience some fun, inspiring teaching and music from your host team and come away with some amazing memories!

ITINERARY (subject to change without notice)

	PORT	ARRIVE	DEPART
Sunday	Ft Lauderdale, FL		4:30 PM
Monday	At Sea		
Tuesday	Labadee, Haiti	7:00 AM	4:00 PM
Wednesday	Falmouth, Jamaica	9:30 AM	6:00 PM
Thursday	At Sea		
Friday	Nassau, Bahamas	8:00 AM	5:00 PM
Saturday	Ft Lauderdale, FL	7:00 AM	



STATEROOM CATEGORIES & COSTS

STATEROOM TYPE	1st & 2nd Guest per person		
	Cruise Cost	Taxes	TOTAL CAD pp
Inside (4V)	\$659	\$181	\$840
Oceanview (4N)	\$859	\$181	\$1040
Balcony (4D)	\$949	\$181	\$1130

Separate Conference fee of only \$50 CAD per person payable at time of final cruise payment

Other Categories available upon request

*** Not included: flights, transfers, shore excursions, pre-cruise hotel, gratuities of \$16 USD per day per guest (Deposits are fully refundable until final payment date)**

Payment Schedule (Credit Card only):

Initial Deposit of \$265 CAD per person

Final Payment (balance) due December 1, 2023

Royal Caribbean reserves the right to re-instate the fuel supplement if the NYMEX oil price exceeds \$70 per barrel.

***Please contact TravelOnly & Canadian Christian Tours to book your flight, pre-cruise hotel & travel insurance**



To book your trip, or for more information, contact:

Dave Smith 905-641-3053 / 1-877-641-3053 (toll-free)

TravelOnly Beyond a Dream

BeyondADream@TravelOnly.com / www.BeyondADream.ca



TravelOnly Corporate Office
519-752-4363 / TICO #04316071



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BOOKING FORM



Couples complete only 1 form

Booking Options:

Scan form and passports and email to beyondadream@travelonly.com

or **book on-line** at <https://beyondadream.ca/tours/cruises/c2403-a-better-us-couples-caribbean-cruise>

or **MAIL** form & passport photocopy to:

TravelOnly Beyond a Dream, PO Box 20373, St. Catharines ON L2M 7W7

(Please don't mail credit card numbers – complete form without cc number & call it in to us)

PLEASE SUBMIT PASSPORT PHOTOCOPIES (photo page) WITH THIS FORM.

If you do not have passports, submit this form to book your trip and apply for your passport(s) asap. Provide us with the photocopies as soon as you receive them. Please do not delay your booking while waiting for passports to arrive.

Legal Name as it appears on your Passport (*Please print*) ↕ **Usually called** ↕ Birthdate (month/day/year)

Legal Name as it appears on your Passport (*Please print*) ↕ **Usually called** ↕ Birthdate (month/day/year)

Address ↕ Citizenship ↕

City & Province ↕ Postal Code ↕

Home Phone # ↕ Alternate Phone # (i.e. work or cell) ↕

E-mail Address ↕

Emergency Contact: Name ↕ Relationship ↕ Home Phone # / Alternate Phone # ↕

Special Needs: (ie. use wheelchair) / Diabetic / Drug Allergies (please list) / Food Allergies (please list) ↕

Please cross-reference me with the following people (for travelling & hotel accommodations): ↕

If you are celebrating a special event, please indicate below: ↕

STATEROOM TYPE: INSIDE _____ OCEAN VIEW _____ BALCONY _____

TRAVEL INSURANCE: Yes please contact me with quotes for (Please check one):

All Inclusive (includes Cancellation & Medical) or Cancellation only or Medical only

No I have insurance elsewhere and do not wish to receive a quote. By signing below I am declining all travel insurances. I understand that I will assume all financial loss associated with my travel arrangements and will not hold TravelOnly Beyond a Dream, or their Agents responsible for any expenses incurred before or during my trip.

Signature (declining insurance) _____ Date _____

Check here if you would like to be added to our eblast list. _____

I authorize TravelOnly Beyond a Dream to process the above transactions to my credit card.

Credit Card # _____ Expiry Date _____ Security Code _____

Card Holder Name _____ Signature _____ Date _____

For credit card charges requested on a card in which the card holder is not travelling with this tour, a Third Party Authorizaton Form will be requested.