

11 Days / 10 Nights February 8th - 18th, 2012

**A Deposit Of
\$450 per person
Is Due Upon Registration
Final Payment is due no later than
November 18th, 2011**

Category	Accommodations	Double Fare	Single Fare
IE	Inside Stateroom Mid-Ship (no window), Queen Size or 2 Lower Beds, Decks 4, 5	1099	1849
IA	Inside Stateroom Mid-Ship (no window), Queen Size or 2 Lower Beds, Decks 10, 11	1149	1899
OB	Oceanview Stateroom (Picture Window) Fwd/Aft Queen Size or 2 Lower Beds, Deck 8 - 3 Pass. Max	1399	2399
BB	Balcony Stateroom Fwd/Aft Queen Size or 2 Lower Beds, Deck 10	1699	3049
B3	Family Balcony Stateroom Fwd/Mid/Aft Queen Size or 2 Lower Beds, Decks 8, 9	1699	3049
BA	Balcony Stateroom Mid-Ship Queen Size or 2 Lower Beds, Decks 9,10	1749	3149
3rd/4th	Third or Fourth Person Occupancy Rate	899	

Please Return Application To:
Fun Seekers - Edyie & Buddy Rapone
1854 Atwood Ave.
Johnston, RI 02919
For Additional Information
Please call Edyie or Buddy @ 401-231-7237

A Cabin Category

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Desired Accommodations: Twin Beds Queen Size

Add \$300 For Taxes, Transfers, & Gov't Fees

Additional Cabin Categories Are Available Upon Request - Prices are per person based on double occupancy and include accommodations, & all items listed as the Best of Times Exclusives.

A Valid Passport or Passport Card is REQUIRED for this program

B PRINT CLEARLY PASSENGER APPLICATION & AGREEMENT

Eastern Caribbean Oldies Cruise
February 8th - 18th, 2012
Fun Seekers

Passenger # 1 Name: _____ Passport Info: _____
Include: Name as it Appears on Passport, & Birthdate Include: Passport Number - Country of Issue - Issue Date - Exp. Date

Gender: M ___ F ___

Passenger # 1 Address: _____ Passenger # 1 Phone: (H) _____ (W) _____
Include: Street Address, City, State, Zip Include: Home and Work if Applicable

Passenger # 1 Emergency Contact Name and Phone: _____

***** If ROOMMATE IS NOT In The Same Household ONLY NAME IS NEEDED BELOW, OTHERWISE Please Complete As REQUESTED*****

Passenger # 2 Name: _____ Passport Info: _____
Include: Name as it Appears on Passport, & Birthdate Include: Number - Country of Issue - Issue Date - Exp. Date

Gender: M ___ F ___

	Per Passenger	Total for All Passengers
11-Day Program Fare _____		_____
Travelsafe Protect-A-Group Insurance		Included
Taxes, & Gov't Fees \$300		_____
YOUR TOTAL COST		_____

NCL Latitude #, Special Requests, or Passenger Special Needs to be Shared with Best of Times:

D Enclosed is a deposit of \$ _____
 For How Many Passengers _____

Charge My: Visa ___ Mastercard ___ Amex ___

Name As It Appears On Credit Card _____

Address Credit Card Bill is sent to _____

Card # _____

Expiration Date _____ 3 Digit CCard Verification # _____

Signature _____

Please Make Checks Payable to "Best of Times"