

7 Day Classic Southern Caribbean Cruise

On the Caribbean Princess

Sunday, February 7-Sunday, February 14, 2010



Day	Port	Arrival	Departure
Sunday	Depart San Juan		11:00 pm
Monday	St. Thomas, USVI	8:00am	6:00pm
Tuesday	Tortola, British Virgin Islands	8:00am	6:00pm
Wednesday	Antigua, Antigua and Barbuda	8:00am	5:00pm
Thursday	St. Lucia	8:00 am	6:00pm
Friday	Barbados	8:00am	6:00pm
Saturday	Cruising At Sea		
Sunday	San Juan, Puerto Rico	6:00am	



A Valid Passport is required for this trip!

Rates Including Airfare From:

Inside Stateroom

\$ 1599 per person double occupancy

Obstructed Oceanview Stateroom

\$ 1699 per person double occupancy

Balcony Stateroom

\$ 1999 per person double occupancy



Rates include air from Green Bay, port transfers, meals and entertainment on board ship. Rates do not include gratuity, insurance, passport fees, drinks/beverages, gambling, baggage fees or items of a personal nature. Rates subject to availability. Airfare not guaranteed until paid in full. Rates may be subject to fuel increases.

We can arrange for air departures from any other cities...please call for details!

For Reservations Please Contact:

Travel Leaders

Cedarburg
 262-375-1990
 800-975-1990

Fond du Lac
 920-921-5040
 800-388-0349

Green Bay
 920-592-1050
 800-436-0401

Manitowoc
 920-684-1237
 800-236-1237

Marinette
 715-732-1707
 800-345-6731

Plymouth
 920-893-0502
 888-745-0502

Sheboygan
 920-459-2963
 800-444-2963

Sturgeon Bay
 920-743-8292
 800-675-4567

Book Now!

with a \$ 400.00
 per person deposit.

**Space is
 limited!**

Final Payment due
 October 24, 2009

For Questions Please Contact:

Judy Krueger
Mobile (920) 373-5272
jkrueger@tldiscovery.com

www.travelleaders.com/discovery

Group ID # 5GP07FEBPRIN10

TERMS AND CONDITIONS

DEPOSIT: A \$ 400.00 deposit per person is due at the time of booking to confirm your reservation. Make checks payable to Travel Leaders.

FINAL: Final payment is due in our office October 24, 2009.

CANCELLATIONS: If it becomes necessary to cancel your cruise, cancellation fees will be charged by the cruise line and travel agency. Airline tickets are non-refundable. Please check with your Travel Leaders agent for applicable fees.

INSURANCE: Travel insurance covering baggage, trip cancellation, trip interruption, flight accident, and sickness is available for purchase through Travel Leaders and is highly recommended. Please ask for details.

DOCUMENTS: A VALID United States Passport is required.

BAGGAGE: Airline baggage fees are collected at airport check in and are not included in rates listed on the flyer. Baggage is limited to two pieces and one carry-on bag per person. Carry-ons are the responsibility of the traveler. Travel Leaders will not accept liability of loss or damage to luggage. Purchase of baggage insurance is recommended.

RESPONSIBILITY: This package is presented by Travel Leaders, 1045 Pennsylvania Avenue, Sheboygan, WI. Travel Leaders shall not be liable for any inconvenience, loss, delay, injury, accident, damage, or irregularity while on this tour. The services described in this brochure are furnished by independent contractors who are not servants or joint venturers with Travel Leaders. Travel Leaders acts only as an agent for such other parties, firms, or corporations providing services herein. Travel Leaders reserves the right to accept, decline, or to retain any person as a member of this tour at any time. Travel Leaders also reserves the right to make changes or alterations in the printed itineraries, routings, and included features, prior to or during the trip as may be necessary for the smooth and efficient operation of the tour.

Princess Classic Southern Caribbean Cruise February 7-14, 2010

Please return this along with \$400.00 per person deposit to Travel Leaders. All checks should be made payable to Travel Leaders.

PLEASE PRINT NEATLY AND IN LARGE PRINT! THANK YOU!!

NAME/S: _____
(As it appears on your passport. NO Nicknames) Gender Passport Number Date of Birth

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(As it appears on your passport. NO Nicknames) Gender Passport Number Date of Birth

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: **HOME** _____ **WORK** _____

CELL _____ **EMAIL** _____

NAMES OF TRAVELING COMPANIONS: _____

INSIDE STATEROOM _____ **OCEANVIEW STATEROOM** _____ (On Request)

OBSTRUCTED OCEANVIEW STATEROOM _____ **BALCONY STATEROOM** _____

___ Yes, I am interested in receiving information on Travel Insurance ___ No, I am not interested in Travel Insurance

Credit Card # _____ Expiration Date _____

Three Digit Security Code from back of card _____ Amount to be charged to card \$ _____

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____