



**JEFF, SONIA AND FRIENDS GROUP
 APRIL 13-21, 2024
 ROYAL CARIBBEAN CRUISE LINES
 WONDER OF THE SEAS
 7-NIGHT EASTERN CARIBBEAN CRUISE**

Cruise on the World's newest Wonder! Wonder of the Seas!

The ship class that redefined cruising just got bolder. The world's biggest ship, Wonder of the SeasSM, brings even bigger adventures to the award-winning Oasis Class. Like eight unique neighborhoods, including the all-new Suite Neighborhood. A totally redesigned pool deck with more ways to soak up the sun — or shade — than ever before. AquaTheater adds edge-of-your-seat-inducing entertainment to the line-up with stunning ocean views and a dramatic new backdrop. And the all-new Playscape, an underwater world studded with slides, climbing walls and games, where imaginations can soar. Plus returning fan-favorites like the FlowRider® and Ultimate AbyssSM.

ITINERARY:

Day	Ports of Call	Arrive	Depart
Sat. Apr. 13 th	Bus from York to BWI, flight from BWI to Orlando, transfer to hotel in the Cocoa Beach area. Afternoon and evening at your leisure. Overnight in your hotel.		
Sun. Apr 14 th	Late morning transfer from hotel to ship at Port Canaveral		Ship departs 4:30PM
Mon. Apr. 15 th	Perfect Day at Cococay	7:00AM	4:00PM
Tues. Apr. 16 th	Day at Sea to enjoy the ship!		
Wed. Apr. 17 th	Charlotte Amalie, St. Thomas	1:00PM	8:00PM
Thurs. Apr. 18 th	Philipsburg, St. Maarten	8:00AM	6:00PM
Fri. Apr. 19 th	Day at Sea to enjoy the ship!		
Sat. Apr. 20 th	Day at Sea to enjoy the ship!		
Sun. Apr. 21 st	Arrive Port Canaveral. Transfer to airport. Mid-afternoon flight home	Ship arrives 6:00 AM	

GROUP PRICE:

Category 2V	Interior, mid-ship	\$2220.00 per person
Category 4N	Oceanview, forward	\$2360.00 per person
Category 2J	Central Park Balcony	\$2420.00 per person
Category 2I	Boardwalk Balcony	\$2440.00 per person
Category 2D	Oceanview Balcony, mid-ship	\$2560.00 per person
****Other categories available****		
Rates are Group rates and are per person and based on double occupancy. All prices are subject to change and availability. Other cabin categories are available upon request. Rates for 3 rd or 4 th person available upon request.		
****These group rates are limited, so book early!!!!****		
NOTE: Royal Caribbean Cruise Lines reserves the right to reinstate the fuel supplement of \$10.00 per person per day if the cost of oil exceeds \$70 per barrel.		

* **Includes:** round trip bus from York to BWI, **estimated** airfare from BWI to Orlando, 1 nt hotel in Cocoa Beach (based on an estimated cost), transportation from airport to hotel to ship, 7-nights accommodations onboard the ***Wonder of the Seas***, all meals, shipboard activities and entertainment while on board, government taxes and fees, onboard gratuities to your waiter, assistant waiter, cabin steward and maitre d', gratuities to drivers, skycaps and porters, *Krouse Travel Escort (with minimum of 16 cabins)*.

BONUS: \$50 shipboard credit per stateroom.

Prices are based on estimated airfare and hotel cost, which will be confirmed in late summer 2023.

Not included: shore excursions, bar drinks, spa, casino, trip insurance and items of a personal nature.

Payment schedule:

DEPOSIT: \$500.00 per room due by Dec. 31, 2022 (or until group space is sold out).

FINAL PAYMENT: due prior to Jan. 4, 2024

Ask about a monthly payment plan!

Cancellation policy: \$50 per person administrative fee charged by Krouse Travel for all cancellations. Deposit is refundable (unless otherwise specified) less \$50 per person Krouse Travel administrative fee plus any vendor fees if cancelled prior to Jan. 15, 2024. 25% per person penalty plus \$50 Krouse fee plus any vendor fee if cancelled between Jan. 16, 2024 and Jan. 30, 2024. 50% per person penalty plus \$50 Krouse fee plus any vendor fees if cancelled between Jan. 31, 2024 and Feb. 13, 2024. 75% per person penalty plus \$50 Krouse fee plus any vendor fees if cancelled between Feb. 14, 2024 and Mar. 14, 2024. NO refund if cancelled Mar. 15, 2024 or later. Trip insurance is nonrefundable.

Trip insurance is highly recommended. Please ask for prices and details.

Single, triple, and quad rates are available upon request.

***** PASSPORTS ARE REQUIRED FOR THIS TRIP *****

Please provide a copy with your deposit or at your earliest convenience.

For more information contact
Deb Krebs
KROUSE TRAVEL
1284 GREENSPRINGS DR, YORK, PA 17402
717-515-8448
Fax: 717-246-4107
Email: dkrebs@krousetravel.com

JEFF, SONIA & FRIENDS CRUISE
RCCL WONDER OF THE SEAS
E. CARIBBEAN
APR. 14-21, 2024
RESERVATION FORM

NAME(S) as it appears on your passport: (use this form if two in a room)

1. _____ Date of Birth: _____

RCCL Past Guest Number: _____

2. _____ Date of Birth: _____

RCCL Past Guest Number: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

CELL GUEST #1: _____ CELL GUEST #2: _____

HOME PHONE: _____

TRAVEL INSURANCE: Accept _____ Decline _____ AMT: _____

Cabin category: _____ Dining request: Early ___ Late ___ My time (open) ___

Hotel Bedding preference: 2 Queen beds: ___ 1 King bed: ___

Special occasions: _____ Special Medical Needs: _____

Vaccinated against COVID? Yes ___ No ___

Form of payment: cash ___ check ___ Amount: _____

Credit card number: _____ Exp date _____ Sec code: _____

Amount to be charged: _____ Signature: _____

Please provide a photocopy of your passport with your payment or at your earliest convenience.

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:

KROUSE TRAVEL
1284 GREENSPRINGS DR
YORK, PA 17402
ATTN: Deb Krebs
PH: 1-717-515-8448 FAX: 717-246-4107
email: dkrebs@krousetravel.com

**JEFF, SONIA & FRIENDS CRUISE
RCCL WONDER OF THE SEAS
E. CARIBBEAN
APR. 14-21, 2024
RESERVATION FORM**

NAME(S) as it appears on your passport: (use this form if more than two in a room)

1. _____ Date of Birth: _____

RCCL Past Guest Number: _____

2. _____ Date of Birth: _____

RCCL Past Guest Number: _____

3. _____ Date of Birth: _____

RCCL Past Guest Number: _____

4. _____ Date of Birth: _____

RCCL Past Guest Number: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

CELL GUEST #1: _____ CELL GUEST #2: _____

HOME PHONE: _____

TRAVEL INSURANCE: Accept _____ Decline _____ AMT: _____

Cabin category: _____ Dining request: Early ___ Late ___ My time (open) ___

Hotel Bedding preference: 2 Queen beds: ___ 1 King bed: ___

Special occasions: _____ Special Medical Needs: _____

Vaccinated against COVID? Yes ___ No ___

Form of payment: cash ___ check ___ Amount: _____

Credit card number: _____ Exp date _____ Sec code: _____

Amount to be charged: _____ Signature: _____

Please provide a photocopy of your passport with your payment or at your earliest convenience.

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:

KROUSE TRAVEL, 1284 GREENSPRINGS DR, YORK, PA 17402
ATTN: Deb Krebs
PH: 1-717-515-8448 FAX: 717-246-4107
email: dkrebs@krousetravel.com