



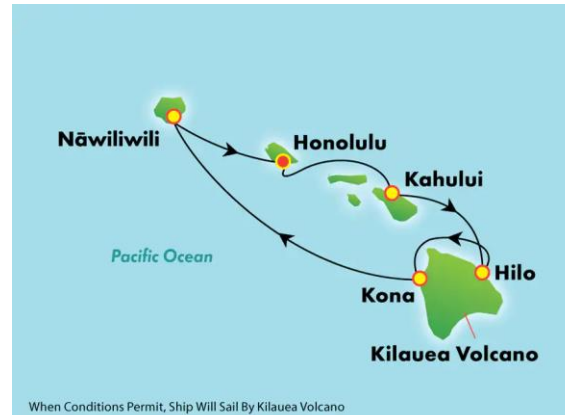
Join Kim Lambert in Hawaii for a 2-night Waikiki Stay followed by a 7-Night Hawaiian Island Cruise

Thursday, August 28 – Saturday, September 6, 2025

Pricing Starting at **\$2,999.00**

ITINERARY:

- Thursday, Aug 28: Philadelphia to Honolulu; overnight Waikiki hotel
- Friday, Aug 29: Day on your own – overnight Waikiki hotel
- Saturday, Aug 30: 7:00 pm Depart Honolulu
- Sunday, Aug 31: 8:00 am Arrive Kahului (Maui) – overnight in port
- Monday, Sept 1: 6:00 pm Depart Kahului (Maui)
- Tuesday, Sept 2: 8:00 am – 6:00 pm Hilo
- Wednesday, Sept 3: 7:00 am – 5:30 pm Kona
- Thursday, Sept 4: 8:00 am Arrive Nawiliwili (Kauai) – overnight in port
- Friday, Sept 5: 2:00 pm Depart Nawiliwili (Kauai)
- Saturday, Sept 6: 7:00am Arrive Honolulu; overnight flight to Philadelphia
- Sunday, Sept 7: Morning arrival Philadelphia



INCLUSIONS:

- Airport/Hotel/Pier/Airport Transfers in Honolulu
- 2-Night Stay in Waikiki Beach area hotel
- 7-Night Cruise on NCL *Pride of America*
- **Hawaiian Beverage Package (Includes a variety of beverages up to \$15 USD retail)**
- **2-meal Specialty Dining Package (1st & 2nd guest in balcony cabin)**
- **1-meal Specialty Dining Package (1st & 2nd guest in ocean view cabin)****
- **125 free Wi-Fi minutes per person (1st & 2nd guest in cabin in balcony cabin)**
- **\$50 per cabin per port shore excursion credit (balcony cabin only)**
- Meals & Entertainment on board the ship
- Port Charges and Departure Taxes

CABIN PRICING PER PERSON*

Partially Obstructed Ocean view Category OK \$2,999.00

Balcony Category BB \$3,579.00

NOT INCLUDED:

- Roundtrip transportation between York and Philadelphia airport – additional \$110.00 per person
- Roundtrip airfare between Philadelphia and Honolulu – additional \$1260.00 per person
- Upgrade to an ocean view room at Waikiki Beach hotel – additional \$60.00 per person

*Rates are per person, based on double occupancy. Cabin categories and prices are subject to availability and are on a first come, first serve basis. Other cabin categories may be available by request. Prices are subject to change due to fuel charges and other vendor charges.

Effective May 7, 2025, a REAL ID or valid passport is required for each traveler to board flights

For more information or to make your reservation, contact:
Kim Lambert at KLambert@krousetravel.com or 717-332-4825 or
Mindy Eveler at Mindy@Vacaysbymindy.com or 717-855-2135



To make your reservation, please complete the information below:

* Required

SECTION 1: TRAVELER INFORMATION

* First Name: _____ * Last Name: _____ * Name on your Passport: _____
 * Home Address: _____ * Passport Number: _____
 * City: _____ * State: _____ * Zip Code: _____ * Passport Expiration Date: ____ / ____ / ____
 * Email Address: _____ * Gender: _____ * Date of Birth: ____ / ____ / ____
 * Phone Number: _____ Home / Cell * Emergency Contact Name: _____
 * NCL Latitudes # _____ * Emergency Contact Phone Number: _____
 * List Medical/Dietary Concerns: _____

SECTION 2: GUEST INFORMATION (If NO GUEST, skip to Section 3)

* First Name: _____ * Last Name: _____ * Name on your Passport: _____
 * Home Address: _____ * Passport Number: _____
 * City: _____ * State: _____ * Zip Code: _____ * Passport Expiration Date: ____ / ____ / ____
 * Email Address: _____ * Gender: _____ * Date of Birth: ____ / ____ / ____
 * Phone Number: _____ Home / Cell * Emergency Contact Name: _____
 * NCL Latitudes # _____ * Emergency Contact Phone Number: _____
 * List Medical/Dietary Concerns: _____

SECTION 3: ACCOMMODATIONS & DINING

* What cabin category would you like? Ocean view Balcony
 * Please indicate your occupancy: Single Double Triple Quad

SECTION 4: INSURANCE

We strongly recommend purchasing Travel Insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 15 days after the first deposit has been made. Plan costs are based on total trip cost and age PER PERSON. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: trip cancellation, interruption, and delay; emergency medical treatment or evacuation; lost, stolen or damaged baggage or travel documents; and baggage delay.

* I choose: (Check One)
 To purchase the recommended travel insurance To decline travel insurance at this time

SECTION 5: PAYMENT

**Trip cost is per person, based on double occupancy.
\$250.00 Deposit per person is due with registration.
Final Balance is due by April 10, 2025**

Payment Methods: Check or Credit Card. If you prefer to pay by check, please make it payable to 'Krouse Travel.'

Enclosed is my check in the amount of \$ _____
 Please charge my credit card \$ _____
 Credit Card Holder: _____
 Credit Card #: _____
 Expiration Date: ____ / ____ Security Code: _____
 * Sign: _____ Date: _____

If a reservation is cancelled, the following penalties will be incurred **PER PERSON**. **A \$50 per person administrative fee will be charged in addition to any supplier penalty listed below.**

Up to April 10, 2025: No penalty
April 11 – May 29, 2025 – 25% of total cost + 100% air & hotel
May 30 – June 28, 2025 – 50% of total cost + 100% air & hotel
June 29 – July 28, 2025 – 75% of total cost + 100% air & hotel
July 30– August 28, 2025 – 100% nonrefundable

Email form to: KLambert@KrouseTravel.com or Mindy@Vacaysbymindy.com

or mail to:
Krouse Travel
Attn: Mindy Eveler
1284 Greensprings Drive
York, PA 17402

SECTION 6: CANCELLATION SCHEDULE