

7 Night Western Caribbean Cruise aboard the Royal Caribbean Icon of the Seas



March 1 – 8, 2025

Icon of the Seas will feature 20 total decks, and 18 of them will be guest decks. The mega-ship will also have 8 neighborhoods, including 5 new neighborhoods: Aqua Dome, Thrill Island, Chill Island, Surfside, and The Hideaway.

Ports of call: Miami, Florida; Day at Sea; Roatan, Honduras; Puerto Costa Maya, Mexico; Cozumel, Mexico; Day at Sea; Perfect Day Cococay, Bahamas; Miami, Florida

Your travel package includes:

- 7 Nights aboard the Royal Caribbean Icon of the Seas
- All taxes and port charges

Your travel package does not include: Round-trip Air, to/from pier transfers, gratuities (\$112pp), cruise insurance (\$230), shore excursions, and spa services. (We can arrange pre & post hotel accommodations)

All rates are based on per-person/Double Occupancy

Inside Plus \$1400 per person	Ocean-view \$1400 per person	Balcony \$1900 per person	Family Balcony \$1600 per person
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Please note: All rates are subject to change until deposited.

For Single, Triple, or Quad occupancy rates, please e-mail for rates.

Royal Caribbean Cruises reserves the right to impose a fuel supplement on all guests if the fuel price exceeds USD 65.00 per barrel.

A \$150 per person deposit is due at booking

(All payments are non-refundable & non-transferable)

A monthly payment of \$150 is due on or before the 20th of each month

Remaining Balance Due: October 1, 2024

(After this date, your booking is subject to cancellation)

Contact Information: Tina Price, (240) 277-2292

E-mail: TPExpresstravel@gmail.com

Forms of Payments:

Cash App (\$travelwithtina)

Venmo (@TravelwithTina)

PayPal (<https://www.paypal.me/TPExpresstravel>)

(No money order or check accepted)

Flyer dated 02/2024

Cruise Booking Worksheet

Today's Date:		TP Enterprise Express Travel Agency – Alaskan Adventure Cruise			
	Full Legal Name & Gender	Date of Birth		Full Legal Name & Gender	Date of Birth
1			3		
2			4		
Sailing Date:		March 1 – 8, 2025		Ship Name: Icon of the Seas	
Cruise Line:		Royal Caribbean		Group Name: TP Express Icon Cruise	
Address:					
City, State, Zip:					
Mobile Phone:			Alternate Phone:		
E-Mail:					
Passport: Required		<input checked="" type="checkbox"/> NO – We highly recommend you do not travel without a passport.			
Travel Insurance:		<input type="checkbox"/> Include (Strongly Suggested) Click Here to Protect Your Vacation Royal Caribbean Insurance is \$230		<input type="checkbox"/> Decline - You will be required to sign a decline insurance waiver form if you decide not to purchase travel insurance and YES , I will risk my whole investment.	
Emergency Contact Info		Name:		Phone Number:	
		Relationship to you:			
Pre-paid Gratuity:		<input type="checkbox"/> \$112 per person - Cover the team service staff, Maitre D', and Cabin Steward <input type="checkbox"/> NO – Each guest will be required to pay upon boarding the ship			
Special Request/Needs (Need to know ASAP)					
Type of Cabin Booking:		Circle 1: Inside Plus <input type="checkbox"/> Oceanview <input type="checkbox"/> Balcony <input type="checkbox"/> Family Balcony <input type="checkbox"/>			

I/we are aware of any cancellation policies and agree not to dispute or attempt to charge back any payments made towards our trip listed above. Monthly payment is required.

_____ Please initial, you agree with all the above terms and agreements.

_____ Please initial, that you have read and agree to all of our Terms & Conditions with booking your travel package with TP Express Travel and that all payments are **NON-Refundable & Non-Transferable**. We strongly suggest you purchase travel insurance.

I/we are aware that TP Express Travel Agency shall not be liable for any cancellation or otherwise caused by shutdown due to Covid-19, war or threat of war, riots, terrorist activity, industrial disputes, natural and nuclear disaster, fire, adverse weather conditions or technical problems due to schedule changes.

_____ Please initial, you agree with all the above terms and agreements.

Please print clearly or type

Ernestine "Tina" Price
 PO Box 944, Lusby, MD 20657
 Please e-mail or fax this form to 1-800-746-3610