

Southern Caribbean Cruise

January 6 - 18, 2023



Date		Arrive	Depart
Fri Jan 6	Albert Lea to Embassy Suites		3:00pm
Sat Jan 7	MSP to Fort Lauderdale		8:55am
	FLL	1:51pm	
Sun Jan 8	Ft Lauderdale, FL		4:00pm
Mon Jan 9	Princess Cays, Bahamas	9:00am	4:00pm
Tues Jan 10	At Sea		
Wed Jan 11	St Thomas, Virgin Islands	9:00am	5:00pm
Thur Jan 12	Dominica	9:00am	6:00pm
Fri Jan 13	Grenada	7:00am	2:00pm
Sat Jan 14	Bonaire	12:00pm	8:00pm
Sun Jan 15	Curacao	7:00am	5:00pm
Mon Jan 16	At Sea		
Tues Jan 17	At Sea		
Wed Jan 18	Ft Lauderdale, FL	6:00am	
	Transfer to FLL	TBA	
	Depart FLL		1:45pm
	Arrive MSP	4:43pm	

Included in your tour

- .Accompanied by a 4 Seasons Tour Director
- .Roundtrip Delta flights
- .All transfers to and from airport and pier
- .1 night at Embassy Suites in Minneapolis
- .1 night at Embassy Suites in Fort Lauderdale
- .10 - Day Cruise on the Enchanted Princess
- .Crew Appreciation, Premier Beverage Package and WiFi
- .Luggage Handling at the hotel and on the cruise

Enchanted PrincessSM

- .All meals onboard
- .Poolside theater "Under the Stars"
- .Spa and Fitness Centers
- .24-Hour room service
- .Nightly Entertainment
- .Freshwater pools
- .Casino
- .Onboard boutiques and shops
- .Discovery at Sea Enrichment Programs



 PRINCESS

4 Seasons
Vacations

VACATIONS AND TOURS FOR PEOPLE ON THE GO



PER PERSON RATES (Based on 2 per room) Rates include all Port Taxes

TYPE STATEROOM	BALCONY	DELUXE BALCONY	MINI SUITE
TOUR/CRUISE COST	\$3,999.00	\$4,199.00	\$4,499.00
Optional Insurance	288.00	303.00	324.00



**FINAL PAYMENT
DUE DATE
Oct. 3, 2022**

CANCELLATION & REFUND

The following cancellation policy applies:

If you cancel

Days prior to Departure	Refund
90 days or more.....	100% refund
89-60 days.....	50% refund
59-45 days.....	25% refund
within 44 days.....	0% refund



Neither Princess Cruises, Princess Tours, 4-Seasons Travel Inc. nor its owners, directors, officers, agents, servants, employees, affiliates or representative own, operate, manage, control, inspect, distribute or warrant any non-owned vehicle, vessel, aircraft or equipment, or any hotel, restaurant or other establishment, or any product, premises or service, provided directly or indirectly in connection with any tour; nor are they or any of them responsible or liable for any accident, injury, illness, death, loss, damage, expense, delay or other irregularity of any nature whatsoever arising directly or indirectly from such tour or from any part thereof due to any cause whatsoever including negligence.

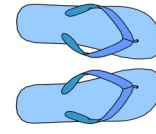
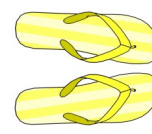
TRAVEL GUARD INSURANCE

Cover your investment from those unforeseen circumstances that may arise before or during your trip. The Deluxe Group Plan provides valuable coverage at an affordable price and includes waiver of Pre-existing Medical Condition Exclusion if insurance is purchased with Initial Trip Payment.

MAXIMUM LIMIT	COVERAGE PER PERSON
Trip Cost	Trip Cancellation
125% of Trip Cost	Trip Interruption
\$500	Trip Delay (Maximum \$150 per day)
\$500	Missed Connection
\$1,000	Baggage & Personal Effects
\$500	Baggage Delay
\$20,000	Accident Sickness Medical Expense
\$50,000	Emergency Evacuation
\$50,000	Accidental Death & Dismemberment
Included	Travel Medical Assistance
Included	Worldwide Travel Assistance
Included	Live Travel Emergency Assistance



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Registration is easy: Simply complete this form and submit with \$900.00 per person deposit. If purchasing insurance, insurance payment is due at the time of deposit.

We'd like to know: How did you hear about this tour? _____

Indicate Cabin Type **Southern Caribbean with Curacao**
January 6 - 18, 2023

- I am purchasing insurance
- I am declining insurance

**We accept
Visa/MasterCard
American Express/Discover**

- Balcony
- Deluxe Balcony
- Mini-Suite

Passports Required
Must be valid through June 20, 2023
Please enclose a **COPY** of your passport.

Signature _____

Name: _____
(as it appears on passport)

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____

Cell Phone: _____

Passport #: _____ Date of Issue: _____

Expiration Date: _____ Citizenship: _____

City, State, Country of Issuance: _____

Gender: ___M___F Date of Birth: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Air Seat Request: _____ Aisle _____ Window _____

Room Accommodations: **ALL ROOMS ARE NON-SMOKING** ___1 Bed ___2 Beds

Captain Circle # _____

Delta Frequent Flyer# _____

Name on Name tag _____

Email _____

*every effort will be made to honor your request

Name: _____
(as it appears on passport)

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____

Cell Phone: _____

Passport #: _____ Date of Issue: _____

Expiration Date: _____ Citizenship: _____

City, State, Country of Issuance: _____

Gender: ___M___F Date of Birth: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Air Seat Request: _____ Aisle _____ Window _____ Next

Room Accommodations: **ALL ROOMS ARE NON-SMOKING** ___1 Bed ___2 Beds

Captain Circle # _____

Delta Frequent Flyer# _____

Name on Name tag _____

Email _____

*every effort will be made to honor your request