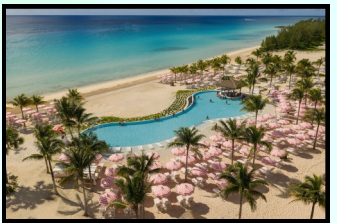


# Eastern Caribbean Cruise

February 13-25, 2027



## INCLUDED IN YOUR TOUR

- Accompanied by a 4 Seasons Tour Director
- Delta flights from Minneapolis
- All transfers to and from the airport, hotel and pier
- 1 Night hotel in Minneapolis
- 1 Night hotel in Fort Lauderdale
- 10-Day Cruise on the ENCHANTED PRINCESS
- 6 Ports of Call: St. Kitts, Antigua, St. Maarten, San Juan; Puerto Rico, Amber Cove; Dominican Republic, Celebration Key; Bahamas
- All meals and entertainment onboard the ENCHANTED PRINCESS
- Crew appreciation, Plus Beverage Package and WIFI
- Luggage handling at the hotels and on the ship (1 luggage per person)



Trust our Experience...Love your Vacation

### \*Our itinerary....

	<u>Arrival</u>	<u>Depart</u>
February 13- Depart for Minneapolis Overnight		
February 14 - Depart MSP for Ft. Lauderdale		
February 14 - Ft. Lauderdale Overnight		
February 15 - Depart Ft. Lauderdale		3:00 pm
February 16 - At Sea		
February 17 - At Sea		
February 18 - St. Kitts	10:00 am	7:00 pm
February 19 - Antigua	8:00 am	6:00 pm
February 20 - St. Maarten	7:00 am	5:00 pm
February 21 - San Juan, Puerto Rico	7:00 am	3:00 pm
February 22 - Amber Cove, Dominican Republic	9:00 am	6:00 pm
February 23 - At Sea		
February 24 - Celebration Key, Bahamas	8:00 am	5:00 pm
February 25 - Ship arrive in Ft. Lauderdale	6:00 am	
February 25 - Depart Ft. Lauderdale on Delta		
February 25 - Arrive Minneapolis		

\* Times subject to change

**PASSPORTS REQUIRED Must be valid through August 25, 2027**



**PER PERSON RATES (Based on 2 per room) PLUS OPTIONAL INSURANCE**

<u>STATEROOM</u>	<u>BALCONY</u>	<u>DELUXE BALCONY</u>	<u>MINISUITE</u>
TOUR COST	\$5,299.00	\$5,499.00	\$5,899.00
INSURANCE	\$381.53	\$395.93	\$424.73



Trust our Experience...Love your Vacation

\*Rates include all port taxes and ship gratuities. PLEASE NOTE: Prices are subject to possible fuel surcharges and increase in taxes.

**DEPOSIT & FINAL PAYMENT:** A deposit of \$900.00 per person will be required at the time of booking. Final payment will be due October 16, 2026. Any reservation after 10/16/26 will require full payment.

**CANCELLATION & REFUNDS:**  
**CANCELLATION RECEIVED**  
 Before 10/16/26..... Total Refund  
 On or after 10/16/26..... No 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.

**CONTACT US**  
 507-373-4705  
 travel1@4seasonstravel.net (email)  
 www.4-seasonsvacations.com (website)



Registration is easy. Simply complete the below form and submit with \$900 per person deposit. If purchasing insurance, insurance payment is due at the time of deposit.

**MAXIMUM LIMIT**

Trip Cost  
 125% of Trip Cost  
 \$500  
 \$500  
 \$1,000  
 \$500  
 \$20,000  
 \$50,000  
 \$50,000  
 Included  
 Included  
 Included

**COVERAGE PER PERSON**

Trip Cancellation  
 Trip Interruption  
 Trip Delay (Maximum \$150 per day)  
 Missed Connection  
 Baggage & Personal Effects  
 Baggage Delay  
 Accident Sickness Medical Expense  
 Emergency Evacuation  
 Accidental Death & Dismemberment  
 Travel Medical Assistance  
 Worldwide Travel Assistance  
 Live Travel Emergency Assistance

**Eastern Caribbean February 13-25, 2027 Please include a copy of your passport, must be valid through August 25, 2027**

4 Seasons Vacations  
 636 E. 11th Street  
 Albert Lea, MN 56007

I am purchasing insurance  
 I am declining insurance  
 Signature \_\_\_\_\_

Balcony  
 Deluxe Balcony  
 Mini Suite

We accept Cash, Check,  
 Discover, Visa,  
 MasterCard or  
 American Express

Name: \_\_\_\_\_  
 (as it appears on passport)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ 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 to

Room Requests\* : All rooms are Non-Smoking \_\_\_\_\_ 1 Bed  
 \_\_\_\_\_ 2 Beds

Captain Circle # \_\_\_\_\_

Delta Frequent Flyer# \_\_\_\_\_

Name on Name tag \_\_\_\_\_

Email \_\_\_\_\_

Traveling with \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

Name: \_\_\_\_\_  
 (as it appears on passport)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ 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: \_\_\_\_\_

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Name on Name tag \_\_\_\_\_

Email \_\_\_\_\_

Traveling with \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

\*Every effort will be made to honor your request

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