

12-NIGHT HOLY LAND CRUISE

Leaving from: *Rome, Italy*

Aboard: **Royal Caribbean's Jewel of the Seas**

November 2 –14, 2020

<i>Room Type</i>	<i>Cat</i>	<i>Cabin + Taxes Per Person</i>	<i>Opt. Insurance PP</i>
<i>Inside</i>	<i>2V</i>	<i>\$3,311.20/\$1,655.60 PP</i>	<i>\$ 119.00</i>
<i>Ocean View</i>	<i>8N</i>	<i>\$4,111.20/\$2,055.60 PP</i>	<i>\$119.00</i>
<i>Ocean View Balcony</i>	<i>6D</i>	<i>\$5,431.20/\$2,715.60 PP</i>	<i>\$159.00</i>

Rates Based on Double Occupancy – Port Fees and Taxes Included

Payment Dates

\$450.00 PP - Deposit Due *at time of Booking*

Equal Monthly Payments

PASSPORTS ARE REQUIRED FOR TRAVEL

Final Payment due: August 15, 2020

Cruise Itinerary

Date	Port Location	Arrive	Depart
02 NOV	ROME (CIVITAVECCHIA), ITALY		5:00 PM
03 NOV	SICILY (MESSINA), ITALY	11:00 AM	7:00 PM
04 NOV	CRUISING		
05 NOV	CRUISING		
06 NOV	HAIFA, ISRAEL	7:00 AM	
07 NOV	HAIFA, ISRAEL		10:00 PM
08 NOV	LIMASSOL, CYPRUS	10:00 AM	5:00 PM
09 NOV	RHODES, GREECE	9:00 AM	5:00 PM
10 NOV	EPHESUS (KUSADASI), TURKEY	7:00 AM	5:00 PM
11 NOV	ATHENS (PIRAEUS), GREECE	7:00 AM	5:00 PM
12 NOV	CRUISING		
13 NOV		7:00 AM	6:00 PM
14 NOV	NAPLES, ITALY ITALY	ROME (CIVITAVECCHIA), 5:00 AM	

Payments can be made by Credit Card & Additional monthly payments are welcome.

Tours and Flight Information in Early 2020

Note: Flights costs are not included in the Cruise prices above.



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Riverside Tours and Travel

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Client Name: _____ Male/Female (circle)
(Always give legal Name as it appears on your PASSPORT) **Crown and Anchor#** _____
DOB _____ Phone # (H) () _____ (C) () _____ (W) () _____
Home Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

Cabin Mate: _____ Male/Female (circle)
(Always give legal Name as it appears on your PASSPORT) **Crown and Anchor#** _____
DOB _____ Phone # (H) () _____ (C) () _____ (W) () _____
Home Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

Double Occupancy: **Inside Cabin** _____ **Oceanview** _____ **Balcony** _____

Will you be taking travel Protection Insurance? Yes No

**Amount of Deposit paid \$ _____

AMEX, VISA, or MC (circle) # _____ EXP _____ Code _____

Name on the Card _____

Please Sign and Date: _____ Date _____

Cabin Mate:

**Amount of Deposit paid \$ _____

AMEX, VISA, or MC (circle) # _____ EXP _____ Code _____

Name on the Card _____

Please Sign and Date: _____ Date _____

Notes and Special Requests: _____

Email or Fax this form.

Riverside Tours and Travel Holy Land - Nov 2020:
Reserv.# _____