



Get out there.™



Bahamas Cruise Vacation

3 Night Bahamas Cruise

DEPARTING 15-MAY-2009

FROM MIAMI, FLORIDA

aboard *Majesty Of The Seas*

Day	Ports of Call	Arrive	Depart
1	Miami, Florida		5:00 PM
2	Cococay, Bahamas	8:00 AM	5:00 PM
3	Nassau, Bahamas	8:00 AM	5:00 PM
4	Miami, Florida	7:00 AM	



While on Board Enjoy:

- Rock-climbing wall
- Johnny Rocket's '50's style restaurant
- Sorento's Pizza
- Latté-Tudes coffee house featuring Seattle's Best Coffee
- Casino Royale™
- Themed bars and lounges including Bolero's Latin lounge
- 2 whirlpools
- 2 outdoor pools
- Fuel and Living Room
- Day Spa and Fitness Center
- Open-air basketball court

All rates and deposits are per person and based on double occupancy. Rates include cabin, port charges, taxes and fuel surcharges. MasterCard, Visa, American Express and checks accepted. Airfare additional.

Deposit of \$50 per person is nonrefundable and nontransferable.

RATES: Inside cabin - \$406.00. Outside cabin - \$446.00. F2 - Outside cabin - Deck 4 - \$466.00.

Balcony Cabin - Jr. Suite - \$810.00

DEPOSITS: \$250 due August 18, 2008. **Balance due:** March 3, 2009.

Cynthia Amin Hall
COLESVILLE TRAVEL
P.O. Box 4844, Silver Spring, MD 20914
Office: 301-989-1654. Fax: 301-989-8473
Email: cindy@colesvilletravel.com.
Website: www.colesvilletravel.com



Credit Card Payment/Registration Form

Kindly complete this form by filling in the fields, printing the page, and signing. Then fax/mail to

Colesville Travel

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Passenger name(s):	<input type="text"/>	DOB
Passenger name(s):	<input type="text"/>	DOB
Passenger name(s):	<input type="text"/>	DOB
Passenger name(s):	<input type="text"/>	DOB
Email address:	<input type="text"/>	
Name of Trip:	3 Night Bahamas Cruise – May 15, 2009	
Deposit:	<input type="text"/>	
Cardholder (print name)	<input type="text"/>	
Home Phone	<input type="text"/>	
Address	<input type="text"/>	
City	<input type="text"/>	State <input type="text"/>
		Zip <input type="text"/>
Card #	<input type="text"/>	
Security Code#	<input type="text"/>	Click here for information on your security code .
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	
Expiration Date	<input type="text"/>	
<p>___ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited. Passport required.</p>		
<p>___ I understand that the names printed on this invoice must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and higher airfares or denial of services.</p>		
<p>___ My payment and signature below constitute acceptance of those terms. I have been offered insurance.</p>		
Cardholder's Signature	<input type="text"/>	
Name (printed)	<input type="text"/>	
Date	<input type="text"/>	

Fax to Colesville Travel at 301-989-8473
or mail to: Colesville Travel, P.O. Box. 4844, Silver Spring, MD 20914
Phone: 301.989.1654 Email: cindy@colesvilletravel.com - Website: www.colesvilletravel.com

Thank You.