

SAIL AWAY WITH CHUMS CONCLAVE 2017 - REGISTRATION FORM

Name of registered cabin occupant and her cabin mate as it appears on their Passports:

1. _____ Date of Birth: _____
 Crown & Anchor No.: _____ U.S. Citizen: Yes No
2. _____ Date of Birth: _____
 Crown & Anchor No.: _____ U.S. Citizen: Yes No

Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Evening Phone: _____
 Email Address: _____

- Cabin Category: Interior Stateroom \$471.64 per person*
 Ocean View Stateroom \$506.22 per person*
 Superior Ocean View Balcony \$737.54 per person*
 Junior Suite \$956.54 per person*

* Pricing based on double occupancy per stateroom/suite

6:30 PM Dinner Seating has been pre-selected for the entire CHUMS group.

Cruise Insurance is highly recommended. Please contact Bobette Spence at Courtyard Travel for quotes.

PAYMENT SCHEDULE:

- INITIAL DEPOSIT:** \$50.00 deposit per person is required by April 1, 2016
SECOND DEPOSIT: \$100.00 deposit per person is required by February 15, 2017
THIRD DEPOSIT: \$200.00 deposit per person is required by April 30, 2017
FINAL PAYMENT required by June 2, 2017

Payments either by **checks** made payable to Courtyard Travel, or by **credit card**, please complete the bottom of this registration form. All checks (if applicable) and this completed form must be mailed to Courtyard Travel Ltd, 1010 Northern Blvd, Suite 228, Great Neck, NY 11021, Attn: Bobette Spence.

CANCELLATION POLICY: Following cancellation charges will apply.

Prior to 08/16/2017	Space may be cancelled without a charge.
Between 08/17/2017 and 09/17/2017	\$100.00 per person cancellation fee
Between 09/18/2017 and 10/01/2017	50% of total trip cost per person cancellation fee
Between 10/02/2017 and 10/15/2017	75% of total trip cost per person cancellation fee
Between 10/16/2017 and 10/30/2017	No Refund

Method of Payment: Check Master Card Discover Visa American Express

I, the undersigned (*Print Name*) _____ authorize Courtyard Travel and/or RCCL to charge my credit card as follows for my and/or my companion's scheduled trip with Chums Conclave:

Credit Card #: _____ Expiration Date: _____

Amount: \$ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Name (*as it appears on card*): _____

I/We have read and understood the terms, conditions, payment plan and cancellation policy outlined in this Registration Form.

Signature _____ Date: _____

HOW TO REGISTER FOR THE CHUMS CONCLAVE 2017 CRUISE

Mail in your completed Registration Form with a check or completed credit card authorization (bottom of this form). Registration payable by Credit Card may also be emailed to bobette@courtyardvl.com.

Send your Registration Form to:

COURTYARD TRAVEL

1010 Northern Blvd, Suite 228, Great Neck, NY 11021, Attn: Bobette Spence