



**GROUP NAME: The REAL HU**  
**Aboard m/s Ryndam November 21, 2010**  
**Western Caribbean – Roundtrip from Tampa, FL USA**

FAX: 240.487.0153



EMAIL: [groups@cruiseweb.com](mailto:groups@cruiseweb.com)

<u>Category</u>	<u>Cruise only</u>	<u>Trip Insurance</u>
B, Balcony stateroom	\$1,368.96 per person	\$99.00 per person
D, Ocean view stateroom	\$798.96 per person	\$99.00 per person
E, Ocean view stateroom	\$738.96 per person	\$99.00 per person

Prices are for cruise only based on double occupancy in US dollars, subject to availability and pricing at the time of booking. Prices include government fees and taxes. Suites and 3<sup>rd</sup>/4<sup>th</sup> occupancy cabins are based upon availability. Please contact the groups department for price at the time of reservation. *All passengers are bound by travel supplier(s) terms of contract, as printed on tickets.*

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Initial Deposit: Due on or before July 9, 2010 \$350.00 per person  
Final Payment: Due on or before August 7, 2010 Remaining Balance

**Category Requested:** \_\_\_\_\_

1<sup>st</sup> Passenger Name: Mr/Mrs/Ms \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

2<sup>nd</sup> Passenger Name: Mr/Mrs/Ms \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

3<sup>rd</sup> Passenger Name: Mr/Mrs/Ms \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

4<sup>th</sup> Passenger Name: Mr/Mrs/Ms \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

(A valid Passport is **required** for travel. Passenger name spellings must match ID).

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Card Type:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **Card #:** \_\_\_\_\_ **CID#:** \_\_\_\_\_

**Card Holder:** \_\_\_\_\_ **Card Holder Signature:** \_\_\_\_\_

- Automatically bill my credit for my deposits and final payment as outlined above
- Automatically bill my credit for my deposit. I will contact you to make additional payments as outlined above.
- Please purchase I-Travel Protection Plan for all parties in the reservation. I have reviewed the cost and benefits
- I am declining Travel Insurance through the Cruise Web

I agree to the terms and conditions listed at [www.cruiseweb.com/CRUISEWB.HTM](http://www.cruiseweb.com/CRUISEWB.HTM). In the event of cancellation, I understand that my credit card will be charged an agency service fee equal to 15% of total invoice (transferable to a future booking of equal or greater value to the cancelled cruise), and that additional penalties apply after The Cruise Web's final payment due date.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To make payment: Complete, sign and return this remittance by mail, fax or email.**  
**FAX: (240) 487-0153 or EMAIL: [groups@cruiseweb.com](mailto:groups@cruiseweb.com)**

**(800) 377-9383 enter option 8**



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Day	Date	Port	Arrive	Depart
0	21-Nov-10	Tampa, Florida, US		5:00 PM
1	22-Nov-10	Key West, Florida, US	1:00 PM	6:00 PM
2	23-Nov-10	At Sea		
3	24-Nov-10	Belize City, Belize <sup>TR</sup>	8:00 AM	5:00 PM
4	25-Nov-10	Mahogany Bay, Honduras	7:00 AM	5:00 PM
5	26-Nov-10	Costa Maya, Mexico	7:00 AM	3:00 PM
6	27-Nov-10	At Sea		
7	28-Nov-10	Tampa, Florida, US	7:00 AM	

