

Barcelona & Rhone River Cruise - Colors of Provence - April 27 - May 8, 2025

Payment Schedule:

All payments by Check Only to
 "Salisbury Cruise & Travel, LLC"

Amount Due (per person)

\$1,000 Initial Deposit
 ½ Remaining Balance
 Final Balance

Date Due

Upon Registration
 September 15, 2024
 January 15, 2025

Worldwide Trip Protector or Worldwide Trip Protector Edge Policy (Optional) -

Salisbury Cruise & Travel, LLC encourages the purchase of either a Worldwide Trip Protector Policy or a Worldwide Trip Protector Edge Policy from Travel Insured International (TII) to cover your cruise for cancellation (due to illness or injury), trip interruption, trip delay, baggage loss or delay, accident/sickness medical protection, emergency evacuation and more. While we are no longer able to offer a Group Policy, we encourage you to purchase your policy through our agency by clicking on this link - [Link to Worldwide Trip Protector Plan Application](#) . More details are available on the TII website. Some benefits, like coverage for pre-existing medical conditions, are time sensitive and your policy must be purchased within 14-days of your initial deposit to qualify. So we encourage you to purchase travel protection at the time of initial deposit if you have any pre-existing medical conditions or if you wish to add Cancel For Any Reason coverage. Travel protection must be purchased before final trip payment. If you decline the Plan, please sign below to confirm that you waive the protection and understand that you are assuming all potential costs and losses which may occur before or during the trip.

I hereby decline the Protection Plan & assume all responsibility for losses: _____
 Signature (required to decline) Date

To Register: Complete the registration form below and enclose your Deposit (\$1,000 per person) by check made payable to "Salisbury Cruise & Travel, LLC" - and mailed to **3911 Five Friars Road, Salisbury, MD 21804**

✂----- **BARCELONA & RHONE RIVER CRUISE 2025 - REGISTRATION FORM** -----✂

1. _____

2. _____
 Legal Name(s) (EXACTLY as they appear on your U.S. Passport) Nickname/Common Name Date(s) of Birth

_____ City State Zip Code
 Street Address

_____ Home Phone Wedding Anniversary Date
 E-mail Address (our preferred means of communication)

1. _____

2. _____
 U.S. Passport Number (Required) Passport Expiration Date (month/day/year) AMA Waterways *Past Guest (Yes or No) Cell Phone Numbers

*Past AMA guests receive a \$100 per person credit

	<u>Double Occupancy</u>	<u>Single Occupancy</u>
Category Preference:	<u>Price per person</u>	<u>Price</u>
_____ - River View Cabin - Category E - (Deck 1 mid-aft)	\$6,400 pp*	\$7,800
(check one) _____ - River View Cabin - Cat. D - (Deck 1 midship)	\$6,700 pp*	\$8,000
pp = per person _____ - French Balcony Cabin - Cat. CB (Deck 3 aft)	\$7,200 pp*	\$9,300
* Subject to Availability _____ - French Balcony Cabin - Cat. CA (Deck 2 or 3 aft)	\$7,500 pp*	\$9,700
_____ - Twin Balcony Cabin - Cat. BB (Deck 2 mid-aft)	\$7,900 pp*	\$10,300
_____ - Twin Balcony Cabin - Cat. BA (Deck 3 mid-aft)	\$8,000 pp*	\$10,500
_____ - Twin Balcony Cabin - Cat. AB (Deck 2 midship)	\$8,100 pp*	\$10,700
_____ - Twin Balcony Cabin - Cat. AA (Deck 3 midship)	\$8,200 pp*	\$10,900
_____ - Deluxe Suite Cabin - Cat. SS (Deck 3 mid-forward)	\$8,900 pp*	\$14,100

Emergency Contact (in case of emergency): **Name/relation:** _____ **Phone #:** _____

Roommate's Name - (we can try to pair singles if no roommate listed): _____

Shirt/Blouse Size(s) (Check one per person): Ladies Sizes -Sm -Med -Lg -XL -2XL -3XL -Other _____
 Adult (Men's) Sizes -Sm -Med -Lg -XL -2XL -3XL -4XL -Other _____