

Repositioning cruise
On
Royal Caribbean's
Jewel of the Seas
Oct. 27—Nov. 6, 2009



10 day cruise from Boston to Miami

| | |
|------------------------|----------------|
| Inside cabin | \$799* |
| Oceanview cabin | \$899* |
| Balcony cabin | \$1149* |

*Rates are for cruise only, per person based on double occupancy and are subject to change. Taxes are an additional \$52.34 per person and fuel supplement of \$50 per person.

Itinerary

| Date | Port | Arrive | Depart |
|-------------|-----------------|---------------|---------------|
| Oct 27 | Boston | | 5:00pm |
| Oct 28 | Cruising | | |
| Oct 29 | Cruising | | |
| Oct 30 | San Juan, PR | 3:00pm | 11:59pm |
| Oct 31 | St Thomas, USVI | 8:00am | 6:00pm |
| Nov.1 | St.Croix,USVI | 8:00am | 6:00pm |
| Nov2 | Cruising | | |
| Nov3 | Aruba | 8:00am | 8:00pm |
| Nov 4 | Cruising | | |
| Nov 5 | Cruising | | |
| Nov 6 | Miami | 8:00am | |



The Cruise Store
413-525-9001 or 1-800-SEA BUYS
55 Maple Street, East Longmeadow, MA 01028
www.cruisestore.com

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413-525-9001 1-800-SEA-BUYS 413-525-9005 FAX seabuys@cruisestore.com

Repo Cruise, Oct. 27– Nov. 6, 2009 order form: Fax to 1-413-525-9005

Royal Caribbean Jewel of the Seas, sailing from Boston, MA, with scheduled stops in: San Juan, Puerto Rico; St. Thomas, US Virgin Islands; St. Croix USVI; and Aruba, ending in Miami, Florida. Your order will not be processed until we can confirm the cabin.

Passenger Names:

_____ Date of birth _____ US Citizen Yes _____ No _____

_____ Date of birth _____ US Citizen Yes _____ No _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Passport Yes _____ No _____

Type of Cruise Cabin

Booking Rate

Inside cabin 799.00 + 52.34 tax/60.00 fuel supp. per person dbl occ. _____

Ocean View 899.00 + 52.34 tax/60.00 fuel supp. per person dbl occ. _____

Balcony 1149.00 + 52.34 tax/60.00 fuel supp. per person dbl occ. _____

AIRFARE ADDITIONAL – CONTACT US FOR MORE INFORMATION

Past Passenger Numbers _____

Dining Request: Main seating _____ Second seating _____

Any special occasions celebrated during the cruise? _____

Any special dietary or health concerns? _____

Are you traveling with anyone booked on this trip you want to dine with? _____

DEPOSIT AMOUNT: \$450.00 per person in cabin

METHOD OF PAYMENT: Visa _____ MasterCard _____ Amex _____ Discover _____

Name on card: _____ Card#/Exp.date _____

Cardholders Signature: _____

If paying by check, make payable to THE CRUISE STORE, and mail to 55 Maple St, East Longmeadow, MA 01028

TRIP PROTECTION/CANCELLATION COVERAGE IS STRONGLY RECOMMENDED!!!!!!

Call us for a price quote \$ _____

I want TRIP PROTECTION COVERAGE: Yes _____ No _____

I authorize The Cruise Store to charge the amount to my above credit card: Yes _____ No _____

OUR STRONG SUGGESTION: BUY THE INSURANCE,!!!!!!

A VALID US PASSPORT WILL BE MANDATORY

IND# _____

CATEGORY ASSIGNED _____