

Primitive Gatherings - Hawaii Cruise Registration Form

NOTE: ONE REGISTRATION FORM PER PERSON IS REQUIRED – MUST BE SIGNED

ONLY 50 STUDENTS CAPACITY

Group Name: **Primitive Gatherings** Ship: Royal Caribbean (RCL) – Radiance of the Seas C & A Society # _____
 Group Number: **9495907** Sail Date: September 23, 2022 – October 3, 2022 – Vancouver, BC, Canada - 999 Canada Place, Vancouver, BC, V6C 3E1, Canada
 Reservation Number: **EMAILED TO YOU** Passport number _____
 Cabin Number: **EMAILED TO YOU** (Passport expiration dates must extend 6 months past sail date) Date _____

Prices per person include cabin, taxes, port fees, pre-paid gratuities & insurance.

	Double occupancy Per person	Cabin Deposit Due at Registration To Royal Caribbean	Per Quilter Due at Registration To Olde Green Cupboard	Per Non-Quilter/Spouse/Guest Due at Registration
___ Balcony	\$ 2138.27	\$ 900/\$450 credit card	\$ 600 check or \$624 credit card	\$250 check or \$260 credit card
___ Oceanview	\$ 1366.27	\$ 900/\$450 credit card	\$ 600 check or \$624 credit card	\$250 check or \$260 credit card
___ Interior	\$ 1056.27	\$ 900/\$450 credit card	\$ 600 check or \$624 credit card	\$250 check or \$260 credit card
___ Jr. Suite	Call 904-742-1100 for pricing and availability			

Single cabin pricing is calculated separately – call Gloria Parsons (904)742-1100 3-4 per persons PER CABIN ARE NOT eligible for group discounts.

Prices shown on-line are non-refundable and are subject to increase. They DO NOT INCLUDE Port Taxes and fees, Prepaid Gratuities or Travel Insurance. We have included these extra fees for you. RCL requires a \$900 deposit PER CABIN when registering. If you wish to make intermittent payments, use our Group number, your cabin number and name when calling in a payment directly to Royal Caribbean. Other family members and friends can also sign up under this group rate discount. Contact Gloria Parsons to register. Your initial registration must be called in directly to the Groups Department. All written correspondence from RCL will be forwarded to you from Gloria Parsons when received. FINAL CRUISE PAYMENT IS DUE BY: **6/25/2022**

PRINT CLEARLY

GLORIA PARSONS 904-742-1100 OR EMAIL: GLORIAP@PRIMITIVEGATHERINGS.US
 MAIL COMPLETED FORM(S): GLORIA PARSONS, 366 BRAMBLY VINE DRIVE, ST. JOHNS, FL 32259

LEGAL NAME _____ NICK NAME _____ PHONE () _____
 LAST FIRST

Email _____ My Roommate's Name is: _____
 PRINT

Mailing Address _____ City _____ State _____ Zip _____

Citizenship _____ DOB _____ AGE _____ Medical Issues: _____

Special Diet Required _____ Allergies: _____

Emergency Contact: _____ Relationship: _____ Phone: () _____

Attendee(s) understands and agrees to their responsibility for any/all hotel and travel arrangements/payments to and from cruise port. Attendee also agrees to hold harmless Primitive Gatherings and Olde Green Cupboard Designs for any losses or damages while traveling to, from or during said event. Attendee agrees to have photos taken. Attendees agree to follow RCL COVID guidelines.

Signature of Attendee _____ Date _____

Need handicap accessible stateroom? Y N Call to check on cabin price

Cruise Cancellation fees: See Royal Caribbean Fee Schedule

Primitive Gathering Fees: Non-Refundable 30 days prior to sail date

\$100 non-refundable deposit for any reason of cancellation from any entity prior to sail date

PASSENGERS MUST HAVE PROPER TRAVEL DOCUMENTS - U.S. CITIZENS MUST HAVE A VALID PASSPORT. If you currently do NOT have a passport, apply NOW at your local Post Office. Appointments required. NON-U.S. CITIZENS and RESIDENT ALIENS - contact their respective embassies and U.S. Immigration for applicable regulations.

I hereby give my authorization to charge my credit card for RCL cabin deposit	Share Cabin Deposit - \$450	Pay All Cabin Deposit - \$900
I hereby give my authorization to charge my credit card for Retreat Fee	Quilter \$624	Non-Quilter \$260
Circle Card Type:	Debit Visa MC American Express	Discover Date of Payment _____
Card # 1 _____	Exp. Date _____	Security # _____
Cardholder Name _____	Signature _____	
Card # 2 _____	Exp. Date _____	Security # _____
Cardholder Name _____	Signature _____	