



**Join us for the 9th Annual HCC Alumni & Friends Cruise
Hosted by Lisa Stewart**

**Aboard Holland America Line's ms Koningsdam
April 19 – May 1, 2018**

Rates Are Approximate

Group Pricing

Inside Stateroom - \$3500.00

Outside Stateroom - \$3700.00

Balcony Stateroom - \$3900.00

All pricing is per person based on double occupancy

Rates Include:

- 10 night cruise aboard Holland America Line ms Koningsdam
- All meals and entertainment onboard the ship.
- All taxes
- 1 night pre-cruise hotel in Rome
- Roundtrip transfers between HCC parking lot and airport
- Roundtrip airfare
- Roundtrip transfers between airport, hotel and ship.

Cruise proceeds benefit the HCC Alumni Scholarship Fund.

Everyone is welcome to join!

Call Travel Leaders today!

Phone: 301-739-4600

Ask for Belinda or Tina

10-Day Mediterranean Itinerary

Rome

At Sea

Dubrovnik, Croatia

Kotor, Montenegro

Corfu, Greece

Olympia, Greece

Athens, Greece

Santorini, Greece

At Sea

Naples, Italy

Rome

Deposit: \$600.00 per person plus insurance if desired

Insurance: \$189.00 per person approximately

TRAVEL LEADERS®
travel better

Travel Leaders * 1712 Abbey Lane*

Hagerstown, MD 21740



Reservation Information Form
Ms Koningsdam/April 19 – May 1, 2018
HCC Alumni and Friends

Passenger #1

Name: _____
 (First, Middle, Last, Suffix)
Date of Birth: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Passenger #2

Name: _____
 (First, Middle, Last, Suffix)
Date of Birth: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Reservation Information

Category Requested: _____
Insurance Requested: Yes: _____ **No:** _____
Dining Request: Early(5:45pm) _____ **Main(8:00pm)** _____
As You Wish(flexible between 5:15pm – 9:00pm) _____

Passport Information

Passport Number: _____ **Passport Number:** _____
Issue Date: _____ **Issue Date:** _____
Expiration Date: _____ **Expiration Date:** _____
Place of Issuance: _____ **Place of Issuance:** _____
 Usually Department of State or National Passport Center

Emergency Contact Information

Name: _____ **Name:** _____
Relationship: _____ **Relationship:** _____
Address: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____
Phone Number: _____ **Phone Number:** _____

Deposit Information:

Deposit Enclosed:\$ _____ **Check #** _____ **Visa:** _____ **MC** _____ **AX** _____ **DS** _____
Credit Card Number: _____
Name on Card: _____ **Exp. Date:** _____ **Security Code:** _____
Card Holder Signature: _____

(By signing you authorize the deposit amount to be charged to your credit card.)