

Royal Caribbean International

Brilliance of the Seas

Feb 20-25, 2021

Sailing in/out of Tampa



VFW Auxiliary Mid-Year Conference Cruise

2021

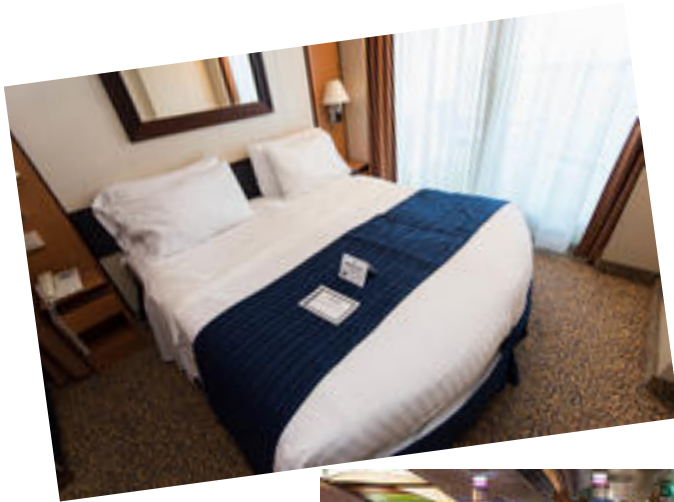
Come sail with your 2020-2021

National President Sandi...

Arrangements made by:
Veterans Travel Service, Inc.
406 W 34th Street, Suite 106
Kansas City MO 64111
(816) 531-5850 or (800) 325-9377
val@vtstvl.com

Itinerary

Day 1	Saturday	2/20/21	Tampa, Florida	4:00p
Day 2	Sunday	2/21/21	Cruising	
Day 3	Monday	2/22/21	Georgetown, Grand Cayman	7:00am-3:30pm
Day 4	Tuesday	2/23/21	Cozumel, Mexico	10:00am-7:30pm
Day 5	Wednesday	2/24/21	Cruising	
Day 5	Thursday	2/25/21	Tampa, Florida	7:00am



VFW Auxiliary Mid-Year Cruise

Feb 20th – 25th, 2021

Royal Caribbean Brilliance of the Seas

Sign-up sheet

Which conference are you in: _____

Legal Names for all travelers (as they appear on your government issued ID) include middle name or initial

1. Name: _____

Date of Birth: _____

2. Name: _____

Date of birth: _____

3. Name: _____

Date of birth: _____

4. Name: _____

Date of birth: _____

Names preferred on name badge: (First and last)

1. _____

2. _____

3. _____

4. _____

Special Request, cabin close to, any special needs:

Mailing address, documents are sent via UPS, so please use the street address, (no P O Boxes please)

Please note: 1 package per room is sent, so pick the designated person:

Name: _____

Street: _____

City, State, ZIP: _____

Phone numbers: Home: _____ Cell: _____

Email address: _____

Rate Includes:

The cabin rates are based on 1, 2, 3 or 4 in the cabin. The ship allows for no more than that!

This rate includes 5-night cruise, all taxes and fees. Gratuities (tips) and a cocktail party for designated conferences. A welcome and departure cocktail party.

Transfers are included ONLY if flights are booked through VTS. If you wish to use mileage or purchase your own ticket, transfers are an additional \$40.00 round trip per person roundtrip. Keep in mind VTS will not be able to assist on cancelled, or delayed flights if tickets are not purchased through us.

Airfare is additional, please call for a quote.

Should you wish to come in early, stay longer in Tampa, or anywhere else in Florida, feel free to call us and we will be glad to help you. Please contact VTS directly for help with this. (800) 325-9377.

Space is limited and based on first come, first serve.

Cabin Type preferred:

Balcony Cabin subject to availability

Double occupancy _____ \$1090.00 per person

Triple occupancy _____ \$929.00 per person

Quad occupancy _____ \$854.00 per person

Single Occupancy _____ \$2009.00 per person

Ocean View Cabin *very limited space* and subject to availability

Double Occupancy _____ \$749.00 per person

Triple Occupancy _____ \$685.00 per person

Quad Occupancy _____ \$658.00 per person

Single Occupancy _____ \$1327.07 per person

Interior Cabin *very limited space* and subject to availability

Double Occupancy _____ \$709.00 per person

Triple Occupancy _____ \$642.00 per person

Quad Occupancy _____ \$613.00 per person

Single Occupancy _____ \$1247.00 per person

Payment information

In order to secure your room, a Nonrefundable deposit of \$250.00 per person is required.

Final payment is due by Dec 01, 2020

Credit Cards may be used for no additional cost.

We have 224 cabins reserved so everything is on a first come, first serve basis.

Deposits are non-refundable unless we can resell your cabin!



406 West 34th Street, Ste 106 | Kansas City, MO 64111

Toll Free 800.325.9377 | Local 816.531.5850 | Fax 816.531.3343 | Email info@vtstvl.com

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature X _____ Date _____

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Direct Telephone: _____ Email: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature X _____ Date _____

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Direct Telephone: _____ Email: _____

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