



Anthem of the Seas 9-Night Caribbean Cruise August 11 - August 20, 2016

CONNIE, WILLIAM, AND DIANE WOULD LIKE TO INVITE OUR FRIENDS TO JOIN US ABOARD ROYAL CARIBBEAN INTERNATIONAL'S MAGNIFICENT *ANTHEM OF THE SEAS* FOR A FUN-FILLED 9-NIGHT CRUISE FROM CAPE LIBERTY, NJ TO BERMUDA, ST. MAARTEN, SAN JUAN, AND LABADEE. ENJOY FINE DINING, LAS VEGAS - STYLE ENTERTAINMENT AND EXCELLENT SERVICE. YOU CAN RIDE THE BUMPER CARS, BE SERVED BY ROBOT BAR TENDERS, WIN IT BIG IN THE CASINO, OR JUST RELAX IN THE SUN BY THE POOL ABOARD ONE OF THE MOST SPECTACULAR CRUISE SHIPS AFLOAT.*

FROM \$2,257/PERSON*
OCEAN-VIEW WITH BALCONY

FROM \$2,554/PERSON*
INTERIOR STATEROOM

FROM \$2,588/PERSON*
OCEAN-VIEW

CONTACT INFORMATION

CONNIE: (917) 405-8077

WILLIAM: (917) 365-7387

DIANE: (917) 561-8427

ADDITIONAL STATEROOM
CATEGORIES MAY ALSO BE
AVAILABLE. PLEASE CALL FOR RATES.

* Prices are per person, based on double occupancy, cruise-only, based on current cruise line promotions, based on a group of 8 staterooms and 16 passengers, includes taxes, and may be higher if this quota is not achieved. \$250 per person deposit is due upon booking. Final balance is due by 5/10/16. All staterooms are subject to availability at time of booking. Cruise prices are subject to change without notice at anytime prior to booking, however fuel charges and govt. taxes are subject to change without notice until sailing date. Ports of call are subject to change at the cruise line's discretion. Total deposits are refundable until 5/10/16, **except for a \$50 per person administrative fee.** Significant cancellation penalties go into effect after 5/27/16. Trip cancellation & emergency medical insurance is highly recommended and available for an additional fee. Not combinable with any other offer. Offer may be withdrawn without notice.

PLEASE SEE REVERSE SIDE FOR PAYMENT INSTRUCTIONS



Starshine Travel®
941 McLean Avenue, Suite 341 • Yonkers, NY 10704
(800) 731-9040
www.StarshineCruises.com



Payment Information

Passenger Data (ALL Information is Required)

Name 1: _____ Birthday: _____ E-Mail: _____

Name 2: _____ Birthday: _____ E-Mail: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Client 1 Telephone () _____ Client 2 Telephone () _____

Payment Method

Payment Amount _____

Check Money Order Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Cardholder's Name (Please Print): _____

Signature: _____ Date: _____

Thank You

for choosing **Starshine ¶ Travel** for your vacation needs!

Please call us any time at (800) 731-9040 if we can be of any further assistance.