



JOIN TRACEE AND FRIEND'S BAHAMAS & PERFECT DAY AT COCOCAY CRUISE ONBOARD THE SYMPHONY OF THE SEAS Sunday, October 19 – Sunday, October 26, 2025

YOUR BAHAMAS & PERFECT DAY AT COCOCAY CRUISE INCLUDES

- **Roundtrip transportation** to the Cape Liberty Cruise Terminal in Bayonne, NJ from Selinsgrove, PA (including driver gratuities. Based on a **MINIMUM** of 30 full paying passengers and is subject to increase should the number be less)
- **Seven (7) Nights' accommodations** onboard the **SYMPHONY OF THE SEAS** (including cruise taxes, government fees & port expenses – subject to change at the discretion of the cruise line)
- All included meals and entertainment while onboard the **SYMPHONY OF THE SEAS**
- **Baggage Handling at the Cape Liberty Cruise Terminal**
- **Prepaid Shipboard Gratuities** (for stateroom and restaurant services)
- **\$50 Shipboard Credit – per cabin**

RATE PER PERSON*

Category 4V – Inside
\$1,385

Category 2D – Balcony
\$1,839

*Rates are based on double occupancy.
All categories are subject to availability at time of booking.

YOUR BAHAMAS & PERFECT DAY AT COCOCAY CRUISE ITINERARY

Day	Port of Call	Arrive	Depart
October 19	Cape Liberty, New Jersey		3:00 PM
October 20	Day at Sea		
October 21	Orlando (Port Canaveral), Florida	1:00 PM	8:00 PM
October 22	Nassau, Bahamas	12:30 PM	8:00 PM
October 23	Perfect Day CocoCay, Bahamas	7:00 AM	5:00 PM
October 24	Day at Sea		
October 25	Day at Sea		
October 26	Cape Liberty, New Jersey	6:00 AM	

*All itineraries are subject to change without notice.



General Terms and Conditions

RESERVATIONS: A deposit of **\$250 per person (\$500 per person for SINGLE OCCUPANCY accommodations)**, along with **FULL LEGAL NAMES & DATES OF BIRTH** will be necessary in order to secure your cabin. Triple and Quad occupancy cabins are based on availability at time of booking as these cabins are very limited in number. The balance will be due to us by **FRIDAY, JULY 11, 2025**.

PAYMENTS: You may charge any portion or the entire amount to your Boscov's Charge, MasterCard or Visa. If paying by check, make it payable to **Boscov's Travel**.

GUARANTEE OF RATES: All space is subject to availability at time of booking. Cruise Taxes and Fees are subject to change/increase at any time without notice at the discretion of the cruise line. All increases would be the responsibility of the cruise participant and must be paid in full prior to departure. Reservations paid in full at time of increase/change would not be exempted. Failure to pay these charges would result in denied boarding/travel.

ROUNDTrip MOTORCOACH TRANSPORTATION TO CAPE LIBERTY CRUISE TERMINAL: Roundtrip transportation to the Cape Liberty Cruise Terminal in Bayonne, New Jersey is included in the rates as listed on this flyer and includes driver gratuities. Rate is based on a minimum of 30 passengers and is subject to increase should the number be less.

GRATUITIES: Prepaid shipboard gratuities, for restaurant and stateroom services, in the amount of **\$18.50 per person per day ARE** included in the rates listed on this flyer. Shipboard gratuities are subject to change at any time and without notice at the discretion of the cruise line.

CANCELLATION: Cancellations made between **89 days** and **75 days** prior to sailing, **25% of the cruise package cost** will be assessed, in addition to any non-recoverable costs. For cancellations made between **74 days** and **61 days** prior to sailing, **50% of the cruise package cost** will be assessed, in addition to any non-recoverable costs. For cancellations made between **60 days** and **31 days** prior to sailing, **75% of the cruise package cost** will be assessed, in addition to any non-recoverable costs. Cancellations made **30 days or less** prior to sailing will receive **NO REFUND**. Travel Protections Plans are available to cover penalties for cancellations due to covered reasons.

OPTIONAL TRAVEL PROTECTION PLAN: Please contact Tracee Eroh for rates and information on Travel Protection Plans.

RESPONSIBILITIES: Boscov's Travel, Inc. acts solely in the capacity of agent on behalf of its patrons, arranging transportation, accommodations, sightseeing, and other services, and, as such is not responsible for damage, loss, delay, injury, accidents, epidemics, pandemics, the spread of infectious diseases, quarantines or any other circumstances beyond our control or any act or default on the part of any company or person engaged in providing transportation, accommodations, sightseeing, or other services which are part of this tour.

LIABILITIES: Boscov's Travel expressly reserves the right to withdraw any tour or make any change in the tour that may become necessary, with or without prior notice. No carrier with whom transportation shall be arranged in connection with the cruise shall have or incur any responsibility to any person taking the cruise except its liability as a common carrier. Neither the cruise line, motorcoach company nor Boscov's Travel shall be held liable for the loss of any property or valuables left onboard. Furthermore, anything left onboard shall be considered left at the owner's risk. No employee of the cruise line, motorcoach company, or Boscov's Travel may say anything to alter the liability of the foregoing for the cruise line, motorcoach company or Boscov's Travel.

TRAVEL DOCUMENTS: All United States citizens must carry a **VALID GOVERNMENT ISSUED PASSPORT BOOK** (not a passport card) with an expiration date **AT LEAST SIX (6) MONTHS** beyond the last day of travel. If you don't have a passport book, contact your Boscov's Travel Advisor, Tracee Eroh at 1.570.374.0121 for information on how to apply for one. **NOTE:** Due to travel security measures, your passport name **MUST** match your cruise line ticket name or you will be denied boarding.

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RESERVATION COUPON

Send to: Boscov's Travel Selinsgrove, Attn: Tracee Eroh, 1 Susquehanna Valley Mall, Suite 2, Selinsgrove, PA 17870. For further information call Tracee at 570.374.0121 or email at teroh@boscovs.com.

____ I would like to join **TRACEE AND FRIENDS BAHAMAS & PERFECT DAY AT COCOCAY CRUISE** onboard Royal Caribbean Cruise Line's **SYMPHONY OF THE SEAS** sailing **OCTOBER 19 – OCTOBER 26, 2025**.

____ My **FULL** deposit of **\$250 per person** is enclosed for ____ # of person(s). [**\$500 per person for Single Occupancy**]

CABIN CATEGORY SELECTED: ____ **4V (Inside)** ____ **2D (Balcony)**

____ I wish to add the **OPTIONAL TRAVEL PROTECTION PLAN** – Please contact Tracee Eroh for rates and details on travel protection.

____ **Worldwide Trip Protector** ____ **Optional Cancel for Any Reason (CFAR)**

____ I **DECLINE** TRAVEL PROTECTION PLAN ____ Initials ____ Date

A **VALID PASSPORT BOOK** is required and is the responsibility of each passenger. Passports should be valid for up to six (6) months beyond the travel dates. Due to security requirements any name changes after documents are issued will incur a change fee.

A clear and readable copy of passports is required at time of booking.

FULL LEGAL NAME (S) MUST BE LISTED EXACTLY AS IT APPEARS ON YOUR PASSPORT INCLUDING MIDDLE NAMES AND/OR INITIALS.

#1 First Name ____ **Middle Name** ____ **Last Name** ____

#1 Date of Birth: ____/____/____ **#1 Passport Number** ____ **Date of Expiration** ____

Special requests: (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.) ____

Royal Caribbean Crown & Anchor Number: ____

#2 First Name ____ **Middle Name** ____ **Last Name** ____

#2 Date of Birth: ____/____/____ **#2 Passport Number** ____ **Date of Expiration** ____

Special requests: (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.) ____

Royal Caribbean Crown & Anchor Number: ____

Street Address ____ **City** ____ **State** ____ **Zip** ____

Cell phone (____) ____ **Email Address** ____

Cruise Dining: Table for ____ 6 or ____ 8 I would like to dine with ____

Dining Time: ____ **MAIN (5:00 PM)** ____ **LATE (7:30 PM)** ____ **MY TIME DINING (Anytime between 5:00 PM and 9:00 PM)**

Dining Times are subject to availability at the time of booking.

____ I/We are celebrating a **SPECIAL OCCASION** (Birthday, Anniversary, etc.): ____

Emergency Contact Name: ____ **Cell Phone** ____ **Relationship** ____

IMPORTANT: I have read and agree to the above terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.

Signature

Date

____ I wish to use my **BOSCOV'S CHARGE #** ____ **EXP:** ____

____ I wish to use my **MASTERCARD/VISA #** ____ **EXP:** ____ **Security Code:** ____

Credit Card Billing Zip Code: ____

____ I wish to pay by **CHECK** – please make check payable to **BOSCOV'S TRAVEL** **CHECK #** ____





BOSCOV'S TRAVEL PROTECTION PLAN

SCHEDULE OF INSURANCE BENEFITS AND OTHER NON-INSURANCE SERVICES

Benefit	Maximum Benefit Amount
Trip Cancellation**	up to 100% of Trip Cost*
Trip Interruption**	up to 150% of Trip Cost*
Trip Delay - 6 hours	up to \$10 per day, to a maximum of \$750)
Single Supplement	Included
Missed Connection	up to \$300
Medical Evacuation and Repatriation of Remains Benefit	up to \$250,000
Political or Security Evacuation and Natural Disaster Evacuation	up to \$150,000
Baggage and Personal Effects	up to \$1,000 (\$250 per article)
Baggage Delay - 12 hours	up to \$500
Accident & Sickness Medical Expense	up to \$100,000
Dental Expense sublimit	up to \$750
Non-Insurance Travel Assistance Services	Included

OPTIONAL UPGRADE BENEFITS - AVAILABLE FOR AN ADDITIONAL COST

Benefit	Maximum Benefit Amount
Cancel for Any Reason***	75% of Trip Cost*

Cost Of Trip	Rates	With CFAR***	Cost of Trip	Rates	With CFAR***
\$0-500	\$25.00	\$61.00	\$6,501-\$7,000	\$582.00	\$875.00
\$501-\$1,000	\$70.00	\$106.00	\$7,001-\$8,000	\$623.00	\$937.00
\$1,001-\$1,500	\$112.00	\$169.00	\$8,001-\$9,000	\$673.00	\$1,012.00
\$1,501-\$2,000	\$138.00	\$208.00	\$9,001-\$10,000	\$748.00	\$1,124.00
\$2,001-\$2,500	\$174.00	\$262.00	\$10,001-\$11,000	\$881.00	\$1,324.00
\$2,501-\$3,000	\$206.00	\$310.00	\$11,001-\$12,000	\$962.00	\$1,445.00
\$3,001-\$3,500	\$233.00	\$351.00	\$12,001-\$13,000	\$1,044.00	\$1,569.00
\$3,501-\$4,000	\$290.00	\$436.00	\$13,001-\$14,000	\$1,126.00	\$1,692.00
\$4,001-\$4,500	\$331.00	\$498.00	\$14,001-\$15,000	\$1,207.00	\$1,814.00
\$4,501-\$5,000	\$383.00	\$576.00	\$16,001-\$17,000	\$1,370.00	\$2,058.00
\$5,001-\$5,500	\$424.00	\$637.00	\$17,001-\$18,000	\$1,452.00	\$2,181.00
\$5,501-\$6,000	\$466.00	\$700.00	\$18,001-\$19,000	\$1,534.00	\$2,305.00
\$6,001-\$6,500	\$506.00	\$760.00	\$19,001-\$20,000	\$1,615.00	\$2,427.00

*Up to the lesser of the Trip Cost paid or the limit of coverage on Your confirmation of coverage

**\$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage

***Must be purchased within 14 days of the date your initial trip payment or deposit is received. Additional terms apply. Not available to residents of New York.

Trip Cancellation and Trip Interruption coverage only applies if trip is cancelled/interrupted by a covered peril.

General Exclusions and Limitations for Insurance Benefits

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, or Family Member scheduled and booked to travel with You.

The following exclusion applies to the Trip Cancellation and Trip Interruption: We will not pay for any loss or expense caused due to, arising or resulting from a Pre-Existing Medical Condition, as defined in the plan.

The following exclusions apply to the Medical Expense benefits:

1. routine physical examinations or routine dental care;
2. traveling for the purpose or intent of securing medical treatment or advice;
3. Alcohol or substance abuse or treatment for the same;
4. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the certificate is in effect;
6. Your participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
7. Your participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition;

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane or insane;
2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage;
4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner;
6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft.
8. failure of any tour operator, Common Carrier, or other travel entity, person or agency to provide the bargained-for

Travel Arrangements for reasons other than Financial Insolvency or Financial Default. Important: there is no coverage for losses due to, arising or resulting from the Financial Insolvency or Financial Default of Your Travel Supplier or any entity that sold, solicited, negotiated, offered or disseminated this certificate to You or Your Traveling Companion.

The plan also contains exclusions specific to Baggage and Personal Effects and Baggage Delay.

Pre-Existing Medical Condition Exclusion Waiver

The Pre-Existing Medical Condition Exclusion will be waived if you purchase the protection plan within 14 days of the date your initial trip payment or deposit is received and you are medically able and not disabled from travel at the time you purchase the plan, based on the assessment of a physician.

**To purchase this plan,
please talk to your
Bosco's Travel Advisor.**

This advertisement contains highlights of the plans developed by Travel Insured International, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al, and non-insurance Travel Assistance Services provided by C&F Services. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. **Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions.** In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer.