JOIN HAMPDEN TOWNSHIP PARKS AND RECREATION ON A CRUISE TO BERMUDA ONBOARD THE NORWEGIAN LUNA
Saturday, August 21 – Saturday, August 28, 2027

Your Bermuda Cruise includes

- Roundtrip motorcoach transportation between Mechanicsburg and the Manhattan Cruise Terminal (including driver gratuities)
- Seven (7) Nights' accommodations onboard the **NORWEGIAN LUNA** (including cruise taxes, fees & port expenses – subject to change at the discretion of the cruise line)
- All included meals and entertainment while onboard the **NORWEGIAN LUNA**
- **UNLIMITED OPEN BAR PACKAGE** * (*Valued at over $800 per person) **(*Applies to all passengers 21 years and over sharing the same cabin and includes service charges. Terms & Conditions apply as per Norwegian Cruise Line.)**
- **THREE (3) MEAL SPECIALTY DINING PACKAGE* (*Applies only to the 1st & 2nd Guest sharing the same cabin and includes service charges– additional guests do not qualify. (Terms & Conditions apply as per Norwegian Cruise Line)**
- **PREPAID SHIPBOARD GRATUITIES – for restaurant & stateroom services**
- **$100 ONBOARD CREDIT PER STATEROOM**
- **ONE (1) HOUR GROUP COCKTAIL PARTY**
- **A portion of the proceeds benefit Hampden Township Parks & Recreation**
- **Services of a Professional Boscov's Travel Tour Director** (based on a minimum of 30 full paying passengers)

Your Bermuda Cruise Itinerary

Day	Port of Call	Arrive	Depart
AUG 21	New York, New York		4:00 PM
AUG 22	Day at Sea		
AUG 23	Royal Naval Dockyard, Bermuda	8:00 AM	**Overnight**
AUG 24	Royal Naval Dockyard, Bermuda		**Overnight**
AUG 25	Royal Naval Dockyard, Bermuda		4:00 PM
AUG 26	Day at Sea		
AUG 27	Day at Sea		
AUG 28	New York, New York	7:00 AM	

All itineraries are subject to change without notice

Rate Per Person*

CATEGORY IA ~ INSIDE
$2,313

CATEGORY BA ~ BALCONY
$2,736

*RATES ARE BASED ON DOUBLE OCCUPANCY. ALL CATEGORIES ARE SUBJECT TO AVAILABILITY AT TIME OF BOOKING.

BOOK AN OCEANVIEW OR BALCONY CABIN & RECEIVE:

- 150 MINUTES OF WI-FI (1st & 2nd Guest Only)
- $50 PER SHORE EXCURSION PER PORT PER CABIN

These Additional Amenities are PER CABIN and Restrictions Apply per Norwegian Cruise Line.

BOSCOV'S TRAVEL

GENERAL TERMS AND CONDITIONS

RESERVATIONS: A **$250 deposit per person for double, triple and quad occupancy cabins ($500 per person for SINGLE OCCUPANCY cabin)** will be required at time of booking to secure your cabin. The balance would be due to us by **Tuesday, April 6, 2027**. All reservations require **FULL LEGAL NAMES & DATES OF BIRTH** of passengers at time of booking, in addition to the deposit. Triple and Quad occupancy cabins are based on availability at time of booking as these cabins are very limited in number. All itineraries are subject to change at any time without notice at the discretion of the cruise line.

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

GUARANTEE OF CRUISE RATES: All categories are subject to availability at time of booking. Cruise taxes, port expenses and government fees are subject to change 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.

MOTORCOACH TRANSPORTATION TO MANHATTAN CRUISE TERMINAL: Roundtrip motorcoach transportation from Mechanicsburg to the Manhattan Cruise Terminal is included in the rates as listed on this flyer and includes driver gratuities.

PREPAID SHIPBOARD GRATUITIES: Prepaid shipboard gratuities, for restaurant and stateroom services, **ARE** included in the rate listed on this flyer. Gratuities are subject to increase without notice at the discretion of the cruise line.

UNLIMITED OPEN BAR PACKAGE: The Unlimited Open Bar package applies to all passengers 21 years and over sharing the same cabin and includes service charges. Terms & Conditions apply per Norwegian Cruise Line and this package can be removed or withdrawn at any time at the cruise line's discretion.

SPECIALTY DINING PACKAGE: The Three (3) Meal Specialty Dining Package is inclusive of service charges and is only available to the 1st & 2nd guest sharing the same cabin. Additional guests in the same cabin do **NOT** qualify. Terms & Conditions apply per Norwegian Cruise Line and this package can be removed or withdrawn at any time at the cruise line's discretion.

CANCELLATION: For cancellations made between **119 days** and **91 days** prior to sailing, **25% of the cruise package cost** will be assessed, in addition to any non-recoverable costs. For cancellations made between **90 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 are subject to a **100% penalty** and will receive **NO REFUND**.
Travel Protection Plans are available to cover penalties for cancellations due to covered reasons.

OPTIONAL TRAVEL PROTECTION PLANS: Please refer to the Travel Protection Pricing Grid attached to this flyer. Once purchased, Travel Protection becomes NON-REFUNDABLE.

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 cruise/tour.

LIABILITIES: Boscov's Travel expressly reserves the right to withdraw any tour or make any change in the tour, with or without notice that may become necessary. No carrier with whom transportation shall be arranged in connection with the tour shall have or incur any responsibility to any person taking the tour except its liability as a common carrier. The cruise line, tour operator, motorcoach company, and Boscov's Travel shall NOT 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, tour operator, motorcoach company, or Boscov's Travel may say anything to alter the liability of the foregoing for the cruise line, tour operator, motorcoach company, or Boscov's Travel.

TRAVEL DOCUMENTS: All United States citizens must carry a **VALID U.S. PASSPORT BOOK** (not a passport card) with expiration date **AT LEAST SIX (6) MONTHS** beyond the return date of travel. If you don't have a passport book, contact your Boscov's Travel Advisor at **717.763.1100** for information on how to apply for one. **NOTE**: Due to cruise line security measures, your passport name **MUST** match your cruise line ticket or you may be denied boarding. 07062026ija/mw

BOSCOV'S TRAVEL

RESERVATION FORM – HAMPDEN TOWNSHIP BERMUDA CRUISE NORWEGIAN LUNA, AUGUST 21 – 28, 2027

Send to: Boscov's Travel, Camp Hill Shopping Mall, 170 S. 32nd Street, Camp Hill, PA 17011. For further information call 717.763.1100 or email bostravcamphill@boscovs.com.

____ A **FULL** deposit of **$250 per person** is enclosed for _____# of person(s); **[$500 per person will be required for Single Occupancy]**
Cabin Category Selected: _____**IA (Inside)** _____**BA (Balcony)**

____ I/We wish to add the **OPTIONAL TRAVEL PROTECTION PLAN** – Please refer to the Travel Protection Pricing grid attached to this flyer.
PLEASE NOTE: ONCE PURCHASED, TRAVEL PROTECTION BECOMES NON-REFUNDABLE
TRAVELER #1 ___DELUXE ____CFAR (Cancel for Any Reason) Signature _____ **Date** _____
TRAVELER #2 ___DELUXE ____CFAR (Cancel for Any Reason) Signature _____ **Date** _____
I DECLINE Travel Protection Plan Signature #1_____ Date _____
I DECLINE Travel Protection Plan Signature #2_____ Date _____

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

#1 First Name _____ **Middle Name** _____ **Last Name** _____
Gender: _____M _____F Date of Birth: _____/_____/_____
Passport Number: _____ Expiration Date: _____
NCL Latitude Number: _____
Special requests (including but not limited to a CPAP machine, refrigerated medications, epi pen, assistance devices, oxygen, dietary restrictions, special services, etc.):
_____
Address _____ City _____ State_____ Zip_____
Cell phone ( ) _____ Email Address: _____
Emergency Contact Name: _____ Phone _____Relationship_____
Your Emergency Contact MUST be someone NOT traveling with you
IMPORTANT: I have read and agree to the attached 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 CREDIT CARD** _____**MASTERCARD** _____**VISA**
CARD# _____ **EXP:** _____ **SECURITY CODE:** _____
____ I wish to pay by **CHECK** – please make it payable to **BOSCOV'S TRAVEL** **CHECK #** _____

#2 First Name _____ **Middle Name** _____ **Last Name** _____
Gender: _____M _____F Date of Birth: _____/_____/_____
Passport Number: _____ Expiration Date: _____
NCL Latitude Number: _____
Special requests (including but not limited to a CPAP machine, refrigerated medications, epi pen, assistance devices, oxygen, dietary restrictions, special services, etc.):
_____
Address _____ City _____ State_____ Zip_____
Cell phone ( ) _____ Email Address: _____
Emergency Contact Name: _____ Phone _____Relationship_____
Your Emergency Contact MUST be someone NOT traveling with you
IMPORTANT: I have read and agree to the attached 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
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CARD# _____ **EXP:** _____ **SECURITY CODE:** _____
____ I wish to pay by **CHECK** – please make it payable to **BOSCOV'S TRAVEL** **CHECK #** _____

TRAVEL INSURED INTERNATIONAL
A CRUM & FORSTER COMPANY

BOSCOV'S TRAVEL

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 $150 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 per person	Rates per person	With CFAR*** per person	Cost of Trip per person	Rates per person	With CFAR*** per person
$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 Boscov's Travel Advisor.