

CRUISING THE CARIBBEAN 2026



8 NIGHT CARIBBEAN CRUISE (ROUNDTrip FROM FORT LAUDERDALE, FLORIDA)

SATURDAY, JANUARY 3 – SUNDAY, JANUARY 11, 2026

ABOARD: CELEBRITY “ECLIPSE”

PRICE INCLUDES:

STATEROOM, CRUISE, GRATUITIES, GOVERNMENT FEES AND TAXES

CRUISE ONLY - AIR AND TRANSFERS NOT INCLUDED

ITINERARY

Sat.	January 3 rd	3:30pm	Depart: Fort Lauderdale, Florida	
Sun.	January 4 th		AT SEA	
Mon.	January 5 th		AT SEA	
Tues.	January 6 th	8:00am	Arrive: Basseterre, St. Kitts & Nevis	Depart: 6:00pm
Wed.	January 7 th	7:00am	Arrive: St. Johns, Antigua	Depart: 4:00pm
Thurs.	January 8 th	8:00am	Arrive: San Juan, Puerto Rico	Depart: 5:00pm
Fri.	January 9 th	10:00am	Arrive: Puerto Plata, Dominican Republic	Depart: 4:00pm
Sat.	January 10 th		AT SEA	
Sun.	January 11 th	7:00am	Arrive: Fort Lauderdale, Florida	

**INTERIOR * OCEANVIEW * BALCONY * STATEROOMS AVAILABLE
CALL FOR CURRENT PRICING**

(*ALL PRICING IS BASED ON DOUBLE OCCUPANCY)

**\$250.00 PER PERSON (\$500.00 PER STATEROOM) DEPOSIT IS NEEDED TO BOOK
FINAL BALANCE DUE: OCTOBER 1, 2026**

(OPTIONAL PAYMENT PLANS AVAILABLE UPON REQUEST)

FOR ADDITIONAL INFORMATION PLEASE CONTACT:

**HARRIETT A. THOMAS, CRUISE CONSULTANT
FINELY ORCHESTRATED TRAVEL
(440)935-2349
EMAIL: FINELYOT@OBERLIN.NET**

CRUISING THE CARIBBEAN 2026

JANUARY 3 - 11, 2026

REGISTRATION FORM

Passenger #1 _____ DOB: _____

Passenger #2 _____ DOB: _____

Street _____

City _____ State _____ Zip _____

Phone: Home (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

I/We wish to make a payment of \$_____ for (# of persons) _____

Stateroom Selection: Circle One: INTERIOR OCEAN VIEW BALCONY

Please find check made payable to: FINELY ORCHESTRATED TRAVEL

% Harriett A. Thomas

P.O. Box 56

Oberlin, Ohio 44074

Due by May 5, 2025

\$250.00 per person (\$500.00 per stateroom) deposit

Consumer Disclosure Notice

Harriett A. Thomas and Finely Orchestrated Travel, herein referred to as sponsors, are acting as intermediaries and agents for suppliers in selling services, or in accepting reservations or bookings for services which are not directly supplied by said sponsors. The Sponsors, therefore, shall not be responsible for any breach of contract, services or any intentional, careless actions, or omissions on the part of such suppliers, which result in any loss, damage, delay, or injury to you or to any travel companions or group members. The Sponsors shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with abnormal conditions or developments, or any other actions, omissions, or conditions outside the sponsor's control. By embarking upon his/her travel, the traveler(s) voluntarily assumes all risks, and is advised to obtain appropriate insurance coverage against them. Your retention of tickets, reservations or bookings after issuance shall constitute consent to the above, and an agreement on your part to convey the contents hereto to your travel companions or group members.

LAST DAY TO CANCEL WITH FULL REFUND IS AUGUST 5, 2025

- Must be 21 years of age or accompanied by a parent or legal guardian
- Must be 21 years of age to consume alcohol or use the casino on the cruise
- Price includes cruise, government fees and taxes, pre-paid gratuities, and Meals on cruise
- Last day of cancellation with a full refund is August 5, 2025. Individuals and parties are responsible for balance of fees and obligations.
- No outstanding balance will be carried past October 5, 2025.

I understand, by signing this agreement, hereby certifies that the undersigned has read and fully understands and agrees to the conditions herein provided and, as evidence thereof, placed his/her signature hereon.

SIGNATURE(S) _____ DATE _____

SIGNATURE(S) _____ DATE _____

FINELY ORCHESTRATED TRAVEL



Credit Card Charge Authorization

This form must be filled out and returned before any charges can be applied to your Credit Card.

You may return by email: finelyot@oberlin.net or by mail to:

Finely Orchestrated Travel, P.O. Box 56, 130 Sycamore Street, Oberlin, OH 44074

IMPORTANT: This form must be completed in its entirety.

If there is any incomplete information, the charges cannot be processed.

Please include a photocopy of the front and back of your credit card.

NAME OF CARD HOLDER: _____
(Print Name Exactly as it Appears on card)

ADDRESS: _____
City State Zip code

CREDIT CARD TYPE (Circle One): VISA MC DSCV

CARD NUMBER: _____

EXPIRATION DATE: _____

3 DIGIT SECURITY NUMBER (BACK OF CARD) _____

AMOUNT AUTHORIZED: \$ _____ (\$100 minimum)

FOR: "Cruising The Caribbean 2026" on the 8 Day Cruise onboard the Celebrity "Eclipse"
January 3-11, 2026

The following signature authorizes the amount mentioned above to be held as a deposit and/or payment.

SIGNATURE: _____

Please include a photocopy of the front and back of your credit card

130 SYCAMORE STREET

P.O. Box 56

OBERLIN, OH 44074

440-774-3742

FAX: 440-775-7038

EMAIL: FINELYOT@OBERLIN.NET

WEBSITE: WWW.FINELYORCHESTRATEDTRAVEL.COM