

We're taking a trip!

Come join the gang from Single Parent Travel

What: A 7-Night
Eastern Caribbean Cruise

When: April 5 – 12, 2009

Join us on Royal Caribbean's Freedom of the Seas for a 7-Night cruise from Miami through the Eastern Caribbean.

Join Single Parent Travel on this sailing with port calls in San Juan, St. Thomas, St. Maarten, and three fantastic days at sea on the world's largest cruise ship. The Freedom of the Seas is a destination in and of itself.

Experience the Jacuzzis that hang 14 stories over the ocean, the boxing ring, rock climbing wall, ice skating, and the coolest of them all—on board surfing! Really! Have your every whim catered to and experience their renowned children's' activities.

Price: \$ 1295 (Interior N)
\$ 1765 (Deluxe Balcony D2)

Prices are per person and include ALL fees and port charges. Third and fourth passengers allowed in some cabins please call. Of course, we will have a lot of SPT special surprises and activities planned as well.

\$500 refundable deposit due immediately. Balance due by January 25, 2009. Insurance and airfare are separate and available upon request.

Call 888-277-8543
or email john@singleparenttravel.net



FLOW RIDER



ROYAL PROMENADE



WATER PARK



OUTSIDE STATEROOM BALCONY



ROCK CLIMBING

Your Itinerary



Date	Port	Arrive	Depart
April 5, 2009	Miami (Embark)		4:00 PM
April 6, 2009	At Sea (Cruising)		
April 7, 2009	San Juan, Puerto Rico	3:00 PM	11:00 PM
April 8, 2009	St. Thomas	8:00 AM	6:00 PM
April 9, 2009	St. Maarten	8:00 AM	6:00 PM
April 10, 2009	At Sea (Cruising)		
April 11, 2009	At Sea (Cruising)		
April 12, 2009	Miami (Disembark)	7:00 AM	

Note: With a late arrival in San Juan, you can experience some fabulous food and some exciting nightlife that only can be found in San Juan!



**DEPOSIT/PAYMENT AUTHORIZATION
(PLEASE PRINT)**

____ VISA ____ AMEX ____ MASTERCARD ____ DISCOVER

PASSENGER NAME(S) _____

MERCHANT/TRAVEL SUPPLIER _____

DESCRIPTION OF CHARGE _____

RESERVATION/CONFIRMATION NUMBER _____

TOTAL AMOUNT TO BE CHARGED _____

NAME AS IT APPEARS ON CARD _____

CC# _____ EXP. DATE _____

SECURITY CODE _____

CC BILLING ADDRESS _____

TELEPHONE NUMBER _____

THE ISSUER OF THE CARD IDENTIFIED ON THIS FORM IS AUTHORIZED TO PAY THE AMOUNT SHOWN TO THE SPECIFIED TRAVEL SUPPLIER. I PROMISE TO PAY SUCH TOTAL SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT GOVERNING THE USE OF SUCH CARD.

CARDHOLDER SIGNATURE _____ DATE _____