



**SOUTH HIGH SCHOOL
Friends & Family, All Classes Reunion
on
Royal Caribbean Cruise Lines
"Monarch Of The Seas"**

*Sailing Itinerary****

Day	Port ***	Arrive	Depart
02-Feb	<u>Port Canaveral, Florida</u>		5:00 PM
03-Feb	<u>CocoCay, Bahamas</u>	8:00 AM	5:00 PM
04-Feb	<u>Nassau, Bahamas</u>	7:00 AM	11:59 PM
05-Feb	Cruising		
06-Feb	<u>Port Canaveral, Florida</u>	6:30 AM	

- Welcome aboard Cocktail Party hosted by the *African American Golfer's Digest*
- Captain's Cocktail Party
- "SHS Class Representation Night & Shout Outs!"
- Nightly Shows and Entertainment on board ship
- Includes unlimited meals and afternoon snacks
- Full Gaming Casino
- Nautica Spa Program
- Duty Free Shopping on Board Ship
- Golf available in Nassau (optional activity. Registration and additional fee is required)

Special invited guests and much, much more.....

RATES:

Inside Cabins

Totals per person based on double occupancy:

Category Q double \$592.00 per person

Category N double \$602.00 per person

Outside Cabins with a window

Category H double \$652.00 per person

Jr. Suite with balcony double \$1,012.00 per person

Grand Suite with balcony double \$1774.00 per person

3rd & 4th person in the same cabin \$530.00

Deposit of \$150.00 per person will be due within 7 days of making a reservation to guarantee your special rate.

Final payment will be due on 12/05/08.

Rate includes: Port Taxes, Government Fees, Fuel Surcharge and all Gratuities.

Cruise Contact: Debert Cook, CMP
South High School Class of 1977
Tel: (2120 571-6559, ext. 11.

To make your reservation contact:

Libby Shields at Travel Time

800-469-0091

atravelttime@yahoo.com



Registration Form

Cruise Date: February 2-6, 2009

SOUTH HIGH SCHOOL FRIENDS & FAMILY ALL CLASSES REUNION

Passenger Information

First Name:
Last Name:
Address:
City:
State:
Zip:
Birthday (with year of birth):
Are you a US Citizen?
Phone (Home):
Phone (Cell):
Email:
Emergency phone (contact telephone while cruising):

Yes, Send me information on GOLF TOURNAMENT GOLF CLINIC FOR BEGINNERS

*****Proper names of passengers sharing a cabin with you.*****

Cabin Category you would like to reserve.....	
	Date Of Birth
1 st Passenger:	
2 nd Passenger:	
3 rd Passenger:	
4 th Passenger:	

Payment By Check

Make check payable to **Travel Time** and mail to:
5970 Deer Springs Lane NW Acworth Ga. 30101

Payment by credit card.

Amount to charge _____
 Credit Card Number _____
 Expiration Date _____
 Today's Date _____
 Name on card _____
 Signature _____

For additional information call "Libby" at 800-469-0091.