



Please mail or fax this Agreement to:
Frontier Travel Camp, Inc.
1145 99th Street, Bay Harbor Islands, FL 33154
Phone: 866.750.CAMP (2267)

PERSONAL INFORMATION

Traveler Name: _____ Date of Birth: _____ - _____ - _____
Address 1: _____ Home Telephone: () _____
Address 2: _____ Work Telephone: () _____
City: _____ State: _____ Zip: _____ Traveler's Cell: () _____
Mother's Name: _____ Mother's Cell: () _____
Father's Name: _____ Father's Cell: () _____
Alternate Address: _____ Other: () _____
City: _____ State: _____ Zip: _____ T-Shirt Size: _____

2024 MID-WINTER CRUISE

8 Nights: Royal Caribbean's Symphony of the Seas (January 13-21, 2024) \$4,950

Single Supplement available ADD \$1,500 inside Cabin, ADD \$2,500 for Balcony Cabin.

Add Single Supplement: _____

Subtract 10% Early Enrollment Discount IF PAID IN FULL by June 15th, 2023: _____

Total Due: _____

AGREEMENT STATEMENT

I, _____, hereby enroll as a member of Frontier Travel Camp, Inc. By completing this form you have agreed to have a great trip with Frontier Travel Camp. The enrollment deadline and final payment for the cruise is October 1st, 2023. In the event that the tour needs to be postponed due to COVID-19 a credit will be given for the tuition less irrecoverable expenses. No credits will be given within 30 days of departure or to those who must withdraw while on tour for any reason (i.e. medical, family, political, personal, etc) except for last minute postponement of the complete tour at the discretion of Frontier Travel Camp. Anyone who tests positive for COVID-19 within 72 hours of tour departure must withdraw from the tour at their own expense. **Traveler's Insurance for "cancel for any reason" coverage including medical is always recommended.**

I, _____, acknowledge that Frontier Travel Camp, Inc. and/or its employees, has acted on behalf of the undersigned in making arrangements for applicant's participation in its program for transportation in connection therein.

Traveler's Signature

Date

Parent's Signature

Date