

Best of Holland and Belgium River Cruise - Wed, July 29 - Sat, August 8, 2026

Payment Schedule:

All payments by Check Only to
"Salisbury Cruise & Travel, LLC"

Amount Due (per person)

\$1,000 Initial Deposit
½ Remaining Balance
Final Balance

Date Due

Upon Registration
November 15, 2025
March 15, 2026

Worldwide Trip Protector or Worldwide Trip Protector Edge Policy (Optional) -

Salisbury Cruise & Travel, LLC encourages the purchase of either a Worldwide Trip Protector Policy or a Worldwide Trip Protector Edge Policy from Travel Insured International (TII) to cover your cruise for cancellation (due to illness or injury), trip interruption, trip delay, baggage loss or delay, accident/sickness medical protection, emergency evacuation and more. While we are no longer able to offer a Group Policy, we encourage you to purchase your policy through our agency by clicking on the following link - <http://travelinsured.com/agency?agency=46972> . More details are available on the TII website. Some benefits, like coverage for pre-existing medical conditions, are time sensitive and your policy must be purchased within 14-days of your initial deposit to qualify. So we encourage you to purchase travel protection at the time of initial deposit if you have any pre-existing medical conditions or if you wish to add Cancel For Any Reason coverage. Travel protection must be purchased before final trip payment.

If you decline the Plan, please sign below to confirm that you waive the protection and understand that you are assuming all potential costs and losses which may occur before or during the trip.

I hereby decline the Protection Plan & assume all responsibility for losses:

Signature (required to decline) Date

To Register: Complete the registration form below and enclose your Deposit (\$1,000 per person) by check made payable to "Salisbury Cruise & Travel, LLC" - and mailed to 3911 Five Friars Road, Salisbury, MD 21804

----- BEST OF HOLLAND AND BELGIUM RIVER CRUISE 2026 - REGISTRATION FORM -----

1. _____

2. _____

Legal Name(s) (EXACTLY as they appear on your U.S. Passport) Nickname/Common Name Date(s) of Birth

Street Address City State Zip Code

E-mail Addresses (please include for both passengers) Home Phone Wedding Anniversary Date

1. _____

2. _____

U.S. Passport Number (Required) Passport Expiration Date (month/day/year) AMA Waterways Cell Phone Numbers

*Past AMA guests receive a \$100 per person credit

Double Occupancy Price per person **Single Occupancy Price**

| | | | |
|---------------------------|--|-------------|----------|
| Category Preference: | _____ - River View Cabin- Category E - (Deck 1 mid-aft) | \$5,800 pp* | \$6,800 |
| (check one) | _____ - River View Cabin- Cat. D - (Deck 1 midship) | \$6,000 pp* | \$7,000 |
| pp = per person | _____ - French Balcony Cabin- Cat. CB (Deck 3 aft) | \$6,500 pp* | \$8,300 |
| * Subject to Availability | _____ - French Balcony Cabin- Cat. CA (Deck 2 or 3 aft) | \$6,900 pp* | \$8,700 |
| | _____ - Twin Balcony Cabin- Cat. BB (Deck 2 mid-aft) | \$7,200 pp* | \$9,300 |
| | _____ - Twin Balcony Cabin- Cat. BA (Deck 3 mid-aft) | \$7,300 pp* | \$9,400 |
| | _____ - Twin Balcony Cabin- Cat. AB (Deck 2 midship) | \$7,500 pp* | \$9,700 |
| | _____ - Twin Balcony Cabin- Cat. AA (Deck 3 midship) | \$7,600 pp* | \$9,800 |
| | _____ - Deluxe Suite Cabin- Cat. SS (Deck 3 mid-forward) | \$8,300 pp* | \$13,100 |

Emergency Contact (in case of emergency): Name/relation: _____ Phone #: _____

Roommate's Name - (we can try to pair singles if no roommate listed): _____

Shirt/Blouse Size(s) (Check one per person): Ladies Sizes -Sm -Med -Lg -XL -2XL -3XL Enter Here _____

Adult (Men's) Sizes -Sm -Med -Lg -XL -2XL -3XL -4XL Enter Here _____