

Join us for an 11 Night Unique, Educational & Inspirational Cruise Experience to The Holy Land



Join Jack & Jennie for a wonderful opportunity to visit the Holy Land on an inspirational journey that visits Istanbul, ancient Ephesus, Jerusalem, Haifa, Rhodes and Athens. We will have opportunities for reflection, meditation, fellowship and worship during our journey. We will be able to experience firsthand places we have only read about and imagined. Jack & Jennie are excited about the opportunity and sharing this journey with the SVPC family.



Royal Caribbean's Spectacular Vision Of The Seas

Day	Port ***	Arrive	Depart	Activity
17 - Oct	Istanbul, Turkey			
18 - Oct	Istanbul, Turkey		2:00 PM	Docked
19 - Oct	Kusadasi (Ephesus), Turkey	10:00 AM	8:00 PM	Docked
20 - Oct	Athens (Piraeus), Greece	9:00 a.m.	6:00 p.m.	Docked
21 - Oct	Rhodes, Greece	9:00 a.m.	7:00 p.m.	Docked
22 - Oct	Cruising			
23 - Oct	Ashdod (Jerusalem), Israel	10:00 AM		Docked
24 - Oct	Ashdod (Jerusalem), Israel		10:00 PM	Docked
25 - Oct	Haifa, Israel	7:00 AM	10:00 p.m.	Docked
26 - Oct	Cruising			
27 - Oct	Cruising			
28 - Oct	Istanbul, Turkey	5:00 AM		

*** All itineraries are subject to change without notice. Please confirm your itinerary on the Review page before purchasing your cruise

Inside Staterooms from \$834 • Ocean View Staterooms from \$1149 • Balcony Staterooms from \$1799

Rates are per person based on double occupancy and include port charges * Taxes of \$69.05 additional

Other Categories available



- ✓ An initial deposit of \$450 per person will be due at the time of booking.
- ✓ The balance will be due August 1, 2011.
- ✓ Deposit refundable through July 15th 2011.
- ✓ Optional Cruise Care insurance is available and recommended, especially for the cancellation and medical benefits. The pricing depends on the stateroom category cost.

Prices are per person, based on double occupancy, for cruise only on select sailings and stateroom categories. Government taxes/fees are additional. Subject to availability. For new reservations only. Certain restrictions apply. Prices include Non Commissionable Cruise Fare and are quoted in US dollars. All itineraries and prices are subject to change without notice. Ships' Registry: Bahamas, © 2009 Royal Caribbean Cruises Ltd. Any reductions to the cruise rate within final payment that reflect a credit to the booking will be applied in the form of an on board credit. This adjustment will be reflected on the booking within 24 hours and a new confirmation sent.

Royal Caribbean International reserves the right to impose a fuel supplement of up to \$10 USD per guest per day on all guests if the price of West Texas Intermediate fuel exceeds \$65 USD per barrel.

Forest Lake Travel reserves the right to withdraw or cancel this offering for the lack of participation. Forest Lake Travel acts only as the agent for various companies providing service in this offering. As such agent, no liability can be accepted and responsibility is limited to conditions described herein. Forest Lake Travel will not be responsible for any accidents.

For more information or to make reservations contact:

Doug Caviness • Cruise Specialist

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p: 800.554.8758 ext. 202

4505 Forest Drive, Columbia, SC 29206

<http://www.forestlaketravel.com>



FOREST LAKE TRAVEL

Return Portion Below

GROUP NAME: SVPC Holy Land 10/17/11

NAME #1 _____ PHONE: _____
(as it appears on passport)

EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DATE OF BIRTH _____ EMERGENCY CONTACT NAME _____
PHONE _____

TOTAL DEPOSIT AMOUNT (Enclosed or Credit Card #) \$ _____ CATEGORY: _____

CC# _____ Exp _____ Signature _____

CANCELLATION INSURANCE (Please send cost of Insurance at time of Deposit): ACCEPTED DECLINED (CIRCLE ONE)

I have chosen not to purchase the Cancellation Insurance

Signature Name #1

NAME #2 _____ PHONE: _____
(as it appears on passport)

EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DATE OF BIRTH _____ EMERGENCY CONTACT NAME _____
PHONE _____

TOTAL DEPOSIT AMOUNT (Enclosed or Credit Card #) \$ _____ CATEGORY: _____

CC# _____ Exp _____ Signature _____

CANCELLATION INSURANCE (Please send cost of Insurance at time of Deposit): ACCEPTED DECLINED (CIRCLE ONE)

I have chosen not to purchase the Cancellation Insurance

Signature Name #2

Mail Completed Registration to:
Forest Lake Travel • Attn: Doug Caviness • 4505 Forest Drive, Columbia, SC 29206