



COME ABOARD THE GETAWAY SHIP TO GREECE!!!!



AUGUST 18 – 25, 2024

GREECE - TURKEY

7 PORTS TO EXPLORE!!!

Ports of Call

Port of Call	Date	Arrival Time	Departure Time
PIRAEUS ATHENS	08/18/2024		5:00 pm
RHODES	08/19/2024	8:00 am	6:00 pm
BODRUM	08/20/2024	8:00 am	6:00 pm
MYKONOS	08/21/2024	7:00 am	9:30 pm
HERAKLION CRETE	08/22/2024	7:00 am	6:00 pm
SANTORINI ISLAND	08/23/2024	8:00 am	9:30 pm
PAROS	08/24/2024	7:00 am	6:00 pm
PIRAEUS ATHENS	08/25/2024	7:00 am	

Price Includes: Cruise and Airfare, Roundtrip transfers from airport to cruise ship and more!!!

Cabin Prices

Inside (No Window) - \$2,130.00 PP
 Oceanview (Window) - \$2,220.00 PP
 Balcony - \$2,369.00 PP – Call for pricing effective October 1, 2023
 Studio - \$2,500.00 (Single)
 Payment by Credit, Debit, Zelle or Mail
 Prices Based Upon Dbl Occupancy
 Air Fare is based on departing from Chicago, all other cities, subject to price change (Please Contact the Agency)

*****Payment Schedule*****

The prices are guaranteed if deposit is paid by the due date

Deposit - \$125.00 PP Due to guarantee reservation

Installment Payments Available

Balance Due – April 10, 2024, or sooner
 No checks or Money Order after February 15, 2024 – only cash, credit cards or zelle
 Passport Required – At least 6 months left on the passport after you return.

Casey's Travel Service

P.O. Box 17401

Chicago, IL 60617

Telephone:

773-783-6575 (Hannah) cts2510@yahoo.com

708-955-5073 (Ramón)(Zelle) –

thecaseytravelservice@gmail.com

Please add memo for the cruise and date when zelling. Email the requested Sailor information to either email.



Cancellation Policy

Days to Voyage	7 or more Sail Days			
	Cruise, Cruise Tour Fee	Air Cancellation Fee	Land Cancellation Fee	Add-On Cancellation Fee
	119-91	25%*	25%	25%
90-61	50%*	50%	50%	50%
60-31	75%*	75%	75%	75%
30 days or less	100%	100%	100%	100%

Sailor #1 Greece: August 2024

Name _____ DOB _____

Ph# _____ Address _____

City _____ State _____ Zip Code _____

Email _____ Passport # _____

Past Guest# _____

Circle One: Inside – Oceanview – Balcony – Studio

Sailor #2

Name _____ DOB _____

Ph# _____ Address _____

City _____ State _____ Zip Code _____

Email _____ Passport # _____

Past Guest # _____