# Escape to Paradise: All-Inclusive Luxury in Aruba

October 26 - 30, 2025

**Your Ultimate Tropical Escape Awaits!** 

Get ready to experience pure paradise at Aruba's newest All-Adult, All-Inclusive resort! Nestled along the pristine shores of Baby Beach, this luxurious retreat offers breathtaking turquoise waters, powder-soft white sand, and endless indulgence. Enjoy unlimited gourmet dining and drinks, world-class accommodations, a lively casino, and non-stop entertainment—all in an exclusive, tropical setting designed for ultimate relaxation and adventure. Pack your bags and escape to Aruba. Your dream getaway starts here.



#### Your package includes:

- · 4 nights at the Secrets Baby Beach Resort
- To/from airport transfers
- Meals and drinks
- \$200 Resort coupon/per room
- All taxes
- Optional Add-on Roundtrip Air out of BWI

#### All rates are based on per-person/double occupancy

| \$1950 per person-Poolview w/out Air       |                                       | \$2900 per person-Poolview with Air       |  |  |  |
|--|---------------------------------------|---|--|--|--|
|  | \$2300 per person-Oceanview w/out Air | \$3250 per person-Oceanview with Air      |  |  |  |
| \$2900 per person-Preferred Club w/out Air |                                       | \$3750 per person-Preferred Club with Air |  |  |  |

<sup>\*\*</sup>Please note: All rates are subject to change, until the package locks in with a deposit.

# A \$150 per person deposit is due at booking w/out Air A \$350 per person deposit is due at booking with Air

 $(\underline{All\ payments\ are\ non-refundable\ \&\ non-transferable})$ 

All Sales are Final

#### Remaining Balance Due: September 1, 2025

(After this date, booking is subject to cancellation with penalty)

<u>Contact Information</u>: Travel Booking Agent - Tina Price Office: (240) 277-2292 Email: TPExpresstravel@gmail.com - Website: www.TPEnterprise.com

Form of Payment: Cash App (\$travelwithtina) - Venmo (@TravelwithTina) - Zelle (240-277-2292)

Credit Authorization Form

No money order or check accepted

02/2025

### **Travel Booking Worksheet**

The Transportation Security Administration (TSA) requires our customers to provide their full name (<u>as it appears on your Passport</u>), date of birth, and gender when round-trip airline tickets are added to your vacation package.

| Today's Date:   |  |  | TP Enterprise Express Travel Agency           |       |   |               |  |  |
|---|--|--|---|-------|---|---------------|--|--|
|   | Full Legal Name and Gender                                     |  | Date of Birth Full Legal Name and Gen         |       | ame and Gender  | Date of Birth |  |  |
| 1   |  |  |   | 3     |   |               |  |  |
| 2   |  |  |   | 4     |   |               |  |  |
| Res   | ort Name:  | Secrets Baby Beach Aruba   |   | Tri   | P Name: Aruba Paradise Travel Package October 26 – 30, 2025 |               |  |  |
| Add   | ress:  |  |   |       |   |               |  |  |
| City  | , State, Zip:  |  |   |       |   |               |  |  |
| Mob   | ile Phone:   |  |   | Alter | rnate Phone:  |               |  |  |
| E-M   | ail:   |  |   |       |   |               |  |  |
| Exp<br>Stat   | sport Number,<br>iration Date, and<br>e the passport<br>Issue: | Please forward a copy of your passport, for our agency to verify the correct spelling of your name, date of birth, and expiration date.  |   |       |   |               |  |  |
| Pas   | sports: Required   |  |   |       |   |               |  |  |
| Trav  | vel Insurance:   | <ul> <li>☐ Yes – I will purchase travel insurance. (Strongly Suggested)</li> <li>Click Here to Protect Your Vacation</li> <li>☐ Decline - You will be required to sign a decline insurance waiver form if you decide not to purchase travel insurance and YES, I will risk my whole investment.</li> </ul> |   |       |   |               |  |  |
| Emergency Contact<br>Info   |  | Name:  | Phone Number: Relationship with you:          |       |   |               |  |  |
| Special Request/Needs (Need to know ASAP)   |  |  |   |       |   |               |  |  |
| Selection of Your   |  | ☐ Poolview Room ☐ Oceanview Room ☐ Preferred Club Room   |   |       |   |               |  |  |
| Room: w/Air - Po  |  | w/Air - Poolvie  | view Room  Oceanview Room Preferred Club Room |       |   |               |  |  |
|   |  | Please writ  | te clearly or typ                             | е у   | our informat  | ion           |  |  |
| I/we are aware of cancellation policies and agree not to dispute or attempt to charge back any payments made towards our trip listed above. A set payment installment is required, and if any payments are missed after the due date, a \$30 late fee will be applied to all late/missed payments. Please initially agree with all the above terms and agreements. Please initial, that you have read and agree to all of our Terms & Conditions with booking your travel package with TP Express Travel and that all payments are NON-Refundable & Non-Transferable.  We strongly suggest you purchase travel insurance.  I/we are aware that TP Express Travel Agency shall not be liable for any cancellation or otherwise caused by shutdown due to Covid, war or threat of war, riots, terrorist activity, industrial disputes, natural and nuclear disasters, fire, adverse weather conditions or technical problems due to schedule changes. Please initially agree with all the above terms and agreements. |  |  |   |       |   |               |  |  |
|   |  |  |   |       |   |               |  |  |

### Ernestine 'Tina' Price Owner/Agent of TP Enterprise Express Travel Agency Post Office Box 944 Lusby, MD 20657

Email: TPExpresstravelconsultant@gmail.com Website: http://www.TPEnterprise.com 240-277-2292 (Office) - 1-800-746-3610 (Fax)

## **Credit Card/Debit Authorization Form**

| l,   |                        | _, hereby autl        | horize Ernestine "Tina" Price of TP Enterprise                               |  |  |  |  |  |  |  |
|--|------------------------|-----------------------|--|--|--|--|--|--|--|--|
| Express Travel Agency/Celebrity Cruise Line to charge my credit/debit card |                        |                       |  |  |  |  |  |  |  |  |
| Card Number no   |                        |                       |  |  |  |  |  |  |  |  |
| Expiration date:   | _ and your 3 or 4 se   | curity code _         | from the back or front of your card in                                       |  |  |  |  |  |  |  |
| the amount of \$   | for the following      | g services: <u>20</u> | 025 Aruba Paradise Travel Package dated for                                  |  |  |  |  |  |  |  |
| October 26-30, 2025.   |                        |                       |  |  |  |  |  |  |  |  |
|  | Please c               | ircle the type        | e of card  |  |  |  |  |  |  |  |
|  | Visa                   | Master                | Card   |  |  |  |  |  |  |  |
| Name:  |                        |                       | (Name on the Card)   |  |  |  |  |  |  |  |
| Address:   |                        |                       | (Billing address)  |  |  |  |  |  |  |  |
| City   | State                  | Zip                   | _  |  |  |  |  |  |  |  |
| Phone Number:  |                        |                       | _  |  |  |  |  |  |  |  |
| Email:   |                        |                       |  |  |  |  |  |  |  |  |
| •  | •                      | •                     | to dispute or attempt to charge back any of . A monthly payment is required. |  |  |  |  |  |  |  |
| Cardholder's Signature:  |                        |                       |  |  |  |  |  |  |  |  |
| Date:  |                        |                       |  |  |  |  |  |  |  |  |
|  | All transactions are r | on-refundabl          | o & non-transforable   |  |  |  |  |  |  |  |

I/we were offered Travel Insurance.