

FANTASY TRAVEL

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For agent use	
WC INV #	_____
WC Client #	_____
BOOKING #	_____
CAT / CABIN #	_____
Date:	_____
Agent:	_____

Zumba Sarasota / LatinFitnessCruise.com ~ Norwegian Breakaway 4/18/20 - 4/22/20 from Port Canaveral
Booking form: Please fill one sheet out per person

LEGAL Name: _____ My Roommate Is: _____
 (If no name is selected we will contact you to try to set up a roommate for you)

Birthdate: _____

Address: _____

Phone: _____

Email: _____

Passport #: _____ Issue/Exp date: _____

Emergency Contact Name & Phone Number: _____

Special Medical Needs: CPAP, Sharps container, Wheelchair, Scooter
 (circle one above or write in)

Special Dietary Needs: _____

Share Dinner Table With:(max 8 at a table) _____

Crown & Anchor #: _____ (If you do not know your number we will look it up for you. If you do not have a number write N/A)

Beds: _____ Queen _____ 2 Twins

\$100 per person deposit due at time of booking

All rates listed are per person and based on double occupancy

Select category	CABIN TYPE	Category	Rates per person including all taxes	Optional travel Insurance	Prepay gratuities
	Inside	IE	\$613pp	\$99	\$60
	Single Inside	IE	\$1072	\$137	\$60
	Inside	IA	\$653pp	\$99	\$60
	Single Inside	IA	\$1152	\$137	\$60
	Oceanview	OB	\$763pp	\$99	\$60
	Single Oceanview	OB	\$1372	\$137	\$60
	Balcony	BD	\$903pp	\$99	\$60
	Single Balcony	BD	\$1652	\$177	\$60

Final payment due on or before 1/5/2020

Total payment on credit card or check:\$ _____

Check # _____

Credit Card # _____

Exp. Date _____ **Security code** _____

check all that apply..Optional gratuities / bus / insurance _____

Prepaid Gratuities: Yes \$60 _____ No _____

Sarasota Party Bus: Yes \$85 _____ No _____

Insurance: pay with deposit _____ pay with final _____ decline(please initial below) _____

If you are choosing to DECLINE insurance coverage at this time please initial below

I DECLINE insurance coverage for myself on this cruise: _____
 (Initials)

Signature: _____
 (Signature required for credit card charges)

Date: _____