

FANTASY TRAVEL
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 sky@fantasytravel.net

Zumba Sarasota / LatinFitnessCruise.com ~ Enchantment of the Seas 3/6/25 - 3/10/25

Booking form: Please fill one sheet out per person

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

LEGAL Name: _____ My Roommate Is: _____

Birthdate: _____

Address: _____

Phone: _____

Email: _____

Passport #: _____ Issue/Exp date: _____

Emergency Contact Name & Phone Number: _____

Special Medical Needs: CPAP, Sharps container, Wheelchair, Scooter, etc.: _____

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)

Rates listed below are per person based on double occupancy. Select cabin category. Circle insurance and gratuities if you want either included on your reservation. If you decline the insurance please initial at the bottom of this form.

Select category	CABIN TYPE	Rates per person including all taxes	Optional travel Insurance	Prepay gratuities
	Inside	\$497	\$49	\$72
	Oceanview	\$553	\$49	\$72
	Balcony	Prevailing Rates \$		\$72
	Other			\$72

Rates listed below are per cabin based on single occupancy. Select cabin category. Circle insurance and gratuities if you want either included on your reservation. If you decline the insurance please initial at the bottom of this form.

Select category	CABIN TYPE	Rates per person including all taxes	Optional travel Insurance	Prepay gratuities
	Inside	\$829	\$69	\$72
	Oceanview	\$941	\$69	\$72
	Balcony	Prevailing Rates \$		\$72
	Other			\$72

Optional Sarasota Party Bus \$70 per person / Punta Gorda \$90 per person

Yes _____ No _____

\$100 per person for doubles / \$200 per single cabin deposit due at time of booking

Deposit is refundable up to final payment due date

Final payment due on or before 12/7/2024

Credit Card # _____

Exp. Date _____ Security code _____

Total payment on credit card: _____

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

Signature for credit card charges: _____

Date: _____

Cruise _____
 Insurance _____
 Gratuities _____
 Bus _____
 Total _____