

# ITALY & MEDITERRANEAN CRUISE Reservation Form

Travel Dates: 09/22/2026 – 10/4/2026

## RESERVATIONS, PLEASE CONTACT

**Edyie and Buddy Rapone (401) 231-7237**

**1854 Atwood Avenue Johnston, RI 02919**

Deposit: \$500 per person due at the time of booking (Must be paid by Check)

**Final Payment Due: MAY 16, 2026** (Can be paid by check OR Credit Card)

Please complete the form below. Names **MUST** be listed in full exactly as they appear on your passport. Please note that you will need a **valid passport**. If the name on your reservation does not **EXACTLY** match the name on your passport, you will not be allowed to proceed through TSA. Name changes and/or modifications will result in a fee.

First / Middle/ Last Name \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Rooming with \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

CABIN CATEGORY (Balcony or Club Balcony \_\_\_\_\_ Beds Together ☐ Apart ☐

Package  
Per person Price

**Balcony Cabin**  
**\$ 5249.00**

**Club Balcony**  
**\$ 5349.00**

**Travel Insurance**  
**\$ 464.00**

**Travel Protection must be paid by  
check to Fun Seekers LLC and mailed  
to the address listed above**

☐ Yes, I would like to purchase travel protection ☐ No, I decline travel protection.

*\*Please note that if you choose not to purchase travel protection, you will incur penalties for changes and/or cancellations.*

## AIRLINE INFORMATION

Seat Request\* ☐ Aisle ☐ Window ☐ Next to travel companion

*\*AAA Northeast cannot guarantee your seat preference. Please be advised, when travelling as part of a group many airlines do not provide seat assignments in advance.*

TSA/Global Entry Number: \_\_\_\_\_

Are you an AAA Member? ☐ Yes ☐ No Membership number \_\_\_\_\_

## SPECIAL NOTES

Please use this area to note any special requests, dietary restrictions, food allergies, or medical restrictions:

PAYMENT INFORMATION Please make checks payable to: **Fun Seekers LLC**

Deposit \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_ Balance Paid \_\_\_\_\_

FINAL PAYMENT Check ☐ Credit Card ☐ (If paying by Credit card, please call in your CC number **NO later** than May 16, 2026)

## Cancellation Policy:

\* 130-101 days prior to travel 25% per traveler \* 100-71 days 50% per traveler \* 70-41 days 75% per traveler \* 40-0 days 100% per traveler