

Caribbean Cruise Reservation Form

Travel Dates: 02/01/2026 – 02/12/2026

RESERVATIONS, PLEASE CONTACT

Edyie and Buddy Rapone (401) 231-7237 edyie@me.com
1854 Atwood Avenue Johnston, RI 02919

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

Final Payment Due: September 20, 2025 (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 _____

Phone _____ Email Address _____

Rooming with _____

Emergency contact name: _____ Relationship: _____ Phone _____

CABIN CATEGORY (Inside, Outside, Balcony or Mini Suite) _____ Beds Together ☐ Apart ☐

Occupancy	Inside Cabin	Oceanview Cabin	Balcony Cabin	Mini-Suite Cabin
Double, per person for	\$2,849.00	\$3,149.00	\$3,549.00	3,699.00

☐ 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.*

Travel Protection must be paid by check to Fun Seekers LLC & mail to address listed above	Mini Suite or Balcony Oceanview Inside	\$342 \$302 \$263	Travel Insurance Cost is Per person	Based on Double occupancy
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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 Method of Payment Check ☐ Please make checks payable to: **Fun Seekers LLC** Deposit Total _____

FINAL PAYMENT Check ☐ Credit Card ☐ (Please call in your CC number at Final Payment date) Balance Total _____

Cancellation Schedule: – 180– 61 days prior to travel – 50% of total cruise package. 60 – 31 days prior to travel – 75% of total cruise package. 30 days or less prior to travel – 100% of total cruise package. Travel insurance is non-refundable.