

Fun Seekers LLC Winter Escape Cruise Reservation Form

Travel Dates: 02/04/2027– 02/12/2027

RESERVATIONS, PLEASE CONTACT

Edyie and Buddy Rapone (401) 231-7237 edyie@me.com

1854 Atwood Avenue Johnston, RI 02919

Deposit: \$875 per person due at the time of booking paid to Fun Seekers LLC

Final Payment Due: October 1, 2026

Please complete the form below. All passenger names **must be entered exactly as they appear on your passport**, including any middle names or initials. A valid passport is required and must **not expire before September 2027**.

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: _____ Cell _____ Email _____

Rooming with _____

Emergency contact name: _____ Relationship: _____ Phone _____

CABIN and HOTEL INFORMATION: BEDS TOGETHER _____ BEDS SEPARATE _____

Double Occupancy Mini-Suite Club Balcony	\$3,195.00 per person	Deposit \$ 875.00 per person	Check payable to Fun Seekers LLC	Balance \$2,320. Due October 1 st .
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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	Mini Suite/Balcony \$303	Travel Insurance Cost is Per person based on Double occupancy	Check payable to:	Fun Seekers LLC
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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.*

AAA MEMBERSHIP 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 Deposit Check Please make all checks payable to: **Fun Seekers LLC** Deposit Total _____

FINAL BALANCE Method of Payment Check _____

Credit Card # _____ Expiration Date _____ CVV # _____

CONFIDENTIAL 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.