

FANTASY TRAVEL
 6634 Cortez Road W, Bradenton, FL 34210
 (941) 795-3900 ~ (800) 741-4390
 sky@fantasytravel.net

Zumba Sarasota / LatinFitnessCruise.com ~ Margaritaville Islander 3/9/27 - 3/13/27

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: _____

Birthdate: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Passport # & Exp: _____

Passport # & Exp: _____

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) _____

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	\$499	TBD	\$88
	Oceanview	\$622	TBD	\$88
	Balcony	\$746	TBD	\$88
	Other		TBD	\$88

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	\$793	TBD	\$88
	Oceanview	\$1,040	TBD	\$88
	Balcony	\$1,287	TBD	\$88
	Other		TBD	\$88

Optional Sarasota Party Bus \$80 per person / Punta Gorda \$? per person

Yes _____ No _____

\$150 per person due at time of booking

Deposit is refundable up to final payment due date

Final payment due on or before 11/25/2026

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