## FANTASY TRAVEL

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

## $\underline{Zumba\ Sarasota\ /\ LatinFitnessCruise.com \sim Norwegian\ Star\ 1/29/26\ -\ 2/2/26}$

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:						Emails					
Email:						Email:  Passport # & Exp:					
Passport # & Exp:  Emergency Contact Name & Phone Number:						rassport # α Exp.					
	-	CPAP, Sharps container, Wheel	ahair Caasta	or oto:							
Special I	viedicai Needs. C	CFAP, Sharps container, wheel	Jiaii, Scoole	ii, etc							
Special I	Dietary Needs:										
Share Di	nner 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.						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		Select category	CABIN TYPE	Rates per person including all taxes	Optional travel Insurance	Prepay gratuities	
	Inside	\$569	TBD	\$80			Inside	\$910	TBD	\$80	
	Porthole	\$596	TBD	\$80			Porthole	\$946	TBD	\$80	
	Picture Window	\$625	TBD	\$80			Picture Window	\$1,004	TBD	\$80	
	Balcony	\$843	TBD	\$80			Balcony	\$1,441	TBD	\$80	
	Other		TBD	\$80			Other		TBD	\$80	
	\$50 per pe	Optional Saras	Yes		-						
		s refundable up to final payment du	•			С	redit Card #				
Fir	al payme	nt due on or befor	e 9/17/2	2025			Exp. Date		Security code		
						Total payment on credit card:					
I DECLI	NE insurance co	overage for myself on this cru	ise:	(Initials	)						
Signatu	e for credit card	d charges:						Date:			
Cruise Inside option #					1- Bev	Inside (choose 1 option below):  1- Bev Pkg & 1 Night Specialty Dining (add \$140pp to cruise rates)  2- Bev Pkg & \$50 Shore Excursion Credit or 75mins of wifi (add \$120pp)  3- 1 Night Specialty Dining & \$50 Shore Excursion Credit or 75mins of wifi (add \$20pp)  4-Choose 2 options from \$50 Shore Excursion Credit, 75mins of wifi, \$100 obc or					
Insurance					4-Choo						
	Gratuities				Ocean	view & Ba	alcony (choose 1	iny of these amenities) option below): for Oceanview.2 nights for balcony	/) \$50 Shore	Excursion	
				Oceanview & Balcony option #	Credit 2- \$50	& 75mins of Shore Exc	of wifi (add \$140pp cursion Credit, 75m	for Oceanview,2 fights for bacony for Oceanview or \$160pp for Balco is of wifi, \$100 obc & 10 Photos Pa ning and Wifi are person for guest	ony) ackage (no add	d on)	
	Perks							age and Onboard Credits are per			
	Total										