

*Fantasy Cruises Group Passenger Information Sheet
Cruise & Tour on the MV "Island Spirit"*

2 Single cabins, 10 TWINS: 2 per cabin (2 twin cabins on upper level)

5 QUEEN: 2 per room/cabin up-charge

Special Requests: food, allergies, needs: ex: vegetarian, gluten free;
birthdays, anniversary

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Passenger 1: dob: _____ Cabin: Single
Full Legal Name: _____
Special Requests: _____
Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 2: dob: _____ Cabin: Single
Full Legal Name: _____
Special Requests: _____
Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 3a: dob: _____ Cabin: Queen
Full Legal Name: _____
Special Requests: _____
Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 3b: dob: _____
Full Legal Name: _____
Special Requests: _____
Emergency Contact: _____
Special medications: _____

Passenger 4a: dob: _____ Cabin: Queen
Full Legal Name: _____
Special Requests: _____
Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 4b: dob: _____
Full Legal Name: _____
Special Requests: _____
Emergency Contact: _____ Tele _____
Special medications: _____

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Passenger 5a: dob: _____ Cabin: Queen
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 5b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 6a: dob: _____ Cabin type: Queen
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 6b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 7a: dob: _____ Cabin: Queen
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 7b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

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Passenger 8a: dob: _____ Cabin: Upper Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 8b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 9a: dob: _____ Cabin: Upper Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 9b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 10a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 10b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

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Passenger 11a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 11b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 12a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 12b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 13a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 13b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

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Passenger 14a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 14b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 15a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 15b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 16a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

Passenger 16b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____
Special medications: _____

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Passenger 17a: dob: _____ Cabin: Twin
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____

Passenger 17b: dob: _____
Full Legal Name: _____
Special Requests: _____

Emergency Contact: _____ Tele _____

Special medications: _____