

Epstein Party Cruise

Royal Caribbean Wonder of the Seas-Oct. 31-Nov. 3, 2025

Name as found on passport: \_\_\_\_\_ (must be valid for up to 6 months after your returned date)

Birthdate: \_\_\_\_\_ Zip Code and state of residence \_\_\_\_\_

Rooming with \_\_\_\_\_ Birthdate \_\_\_\_\_

Type of cabin: \_\_\_\_\_ inside \_\_\_\_\_ outside \_\_\_\_\_ Balcony \_\_\_\_\_ concierge \_\_\_\_\_ Suite

Single \_\_\_\_\_ Double \_\_\_\_\_

Special needs \_\_\_\_\_ mobility \_\_\_\_\_ dietary/ Apply insurance \_\_\_\_\_ yes \_\_\_\_\_ no

Vaccinated \_\_\_\_\_ yes \_\_\_\_\_ no

***Credit card information can be called in or completed form can be brought to my home or e-mailed.***

A \$200 deposit per cabin is required to hold a reservation. Credit Card only.

I hereby Authorize Travel with Sue-Z to supply Royal Caribbean Cruises the listed credit card as payment for the above mentioned cruise.

Credit card type: \_\_\_\_\_ (i.e. Visa, Mastercard, Amex, Discover)

Credit Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_ -

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Address affiliated with credit card:

\_\_\_\_\_  
\_\_\_\_\_

Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

E-Mail address \_\_\_\_\_

Please return completed form to: Susan Zellea/Travel with Sue-Z/Travel Planners International

Office hours 1:30 – 5:00 PM Mon-Fri 561-683-0044

[Travsuez1@yahoo.com/](mailto:Travsuez1@yahoo.com/)