



Carnival Fantasy Stateroom Descriptions



4C INTERIOR - Interior Staterooms have two twin beds that convert to a queen-sized bed, ample closet and storage space, private bathroom with shower, and a living area with vanity and seating. Staterooms are equipped with thermostat controlled air-conditioning, television, telephone, and personal safe. 185 square feet. Located on the **Main Deck**.

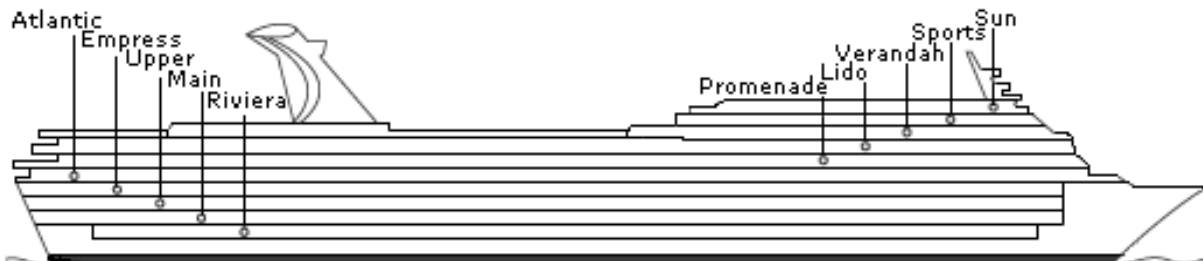


6C OCEAN VIEW - Balcony Staterooms have porthole windows, two twin beds that convert to a queen-sized bed, ample closet and storage space, private bathroom with shower, and a living area with vanity and seating. Staterooms are equipped with thermostat controlled air-conditioning, television, telephone, and personal safe. 185 square feet. Located on the **Main Deck**.

MAGIC 96 SPECIAL PRICING FOR DOUBLE OCCUPANCY					
Prices are per person and include taxes and fees					
Cabin Category	Deck	Double	Single	**Price for 3rd Person	**Price for 4th Person
Interior	4C Main	\$336.05	\$635.05	\$236.05	\$236.05
Ocean View	6C Main	\$366.05	\$695.05	\$256.05	\$256.05

5-Day Western Caribbean - Mobile Departure 2/27/2010—3/4/2010

DAY	PORT OF CALL	ARRIVE	DEPART
1	Mobile, AL		4:00pm
2	Fun Day at Sea		
3	Progreso, Yucatan, MX	7:00am	4:00pm
4	Cozumel, MX	9:00am	5:00pm
5	Fun Day at Sea		
5	Mobile, AL	8:00am	



Magic 96.5 Cabin Reservation Form

CABIN AND GUEST INFORMATION

How many total people will occupy this cabin? 1 2 3 4

Cabin Guest #1: Name (as it appears on Passport) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country of Citizenship: _____

Male Female Birth Date: ___/___/___ E-mail: _____

Telephone – Daytime: (_____) _____ - _____ Cell: (_____) _____ - _____

Emergency Contact Name: _____ Telephone: (_____) _____ - _____

Dietary restrictions or special needs: _____

(I.e. wheelchair, scooter, oxygen, diabetic supplies)

Cabin Guest #2: Name (as it appears on Passport) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country of Citizenship: _____

Male Female Birth Date: ___/___/___ E-mail: _____

Telephone – Daytime: (_____) _____ - _____ Cell: (_____) _____ - _____

Emergency Contact Name: _____ Telephone: (_____) _____ - _____

Dietary restrictions or special needs: _____

(I.e. wheelchair, scooter, oxygen, diabetic supplies)

Cabin Guest #3: Name (as it appears on Passport) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country of Citizenship: _____

Male Female Birth Date: ___/___/___ E-mail: _____

Telephone – Daytime: (_____) _____ - _____ Cell: (_____) _____ - _____

Emergency Contact Name: _____ Telephone: (_____) _____ - _____

Dietary restrictions or special needs: _____

(I.e. wheelchair, scooter, oxygen, diabetic supplies)

Cabin Guest #4: Name (as it appears on Passport) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country of Citizenship: _____

Male Female Birth Date: ___/___/___ E-mail: _____

Telephone – Daytime: (_____) _____ - _____ Cell: (_____) _____ - _____

Emergency Contact Name: _____ Telephone: (_____) _____ - _____

Dietary restrictions or special needs: _____

(I.e. wheelchair, scooter, oxygen, diabetic supplies)

List names of people who will share this cabin but may have made separate reservations:

Cabin Category Preference (e.g. 4C) _____ at \$ _____ (single occupancy) =\$ _____

Cabin Category Preference (e.g. 4C) _____ at \$ _____ (double occupancy) =\$ _____

Cabin Category Preference (e.g. 4C) _____ at \$ _____ (3rd person) =\$ _____

Cabin Category Preference (e.g. 4C) _____ at \$ _____ (4th person) =\$ _____

Total: =\$ _____

Deposit: (\$200 per person) =\$ _____ Non refundable

Balance: =\$ _____

PAYMENT INFORMATION

Check Enclosed: \$ _____ (or) **Please bill my** Visa MasterCard Discover American Express

For Deposit Only \$ _____ (or) For Total Payment \$ _____

Rates guaranteed if deposit paid by November 23, 2009. Availability and rates subject to change after that date.

Please automatically charge final payment on 12/23/09* Yes No

Cancellation penalties apply after December 27, 2009

Credit Card Number: _____ Cardholder's Name: _____ Exp. Date: ___/___/___

Security # (on card): _____ Signature: _____

Mail or Fax This Form To:

All Seasons Travel - Attn: Leisure Department - 2900 Cahaba Rd. - Birmingham, AL 35223 - Phone: 205.870.3003 - Fax: 205.870.3198

To Register Online: Go to www.allseasonstravel.com under the Leisure Travel tab and click on Magic 96 Registration Form