

# African American Deaf Cruise 2024 Sign Up Form

Please complete to fill out below ~ PLEASE print clear to read

(If your roommate has different address, then he / she has to fill out separately form)

Your Name (First, Middle & Last): \_\_\_\_\_  Male  Female

(YOUR NAME MUST BE MATCHED YOUR PASSPORT BOOK)

Birth Date (mm-dd-yyyy): \_\_\_\_\_ Phone / VP #: \_\_\_\_\_

Text #: (for cruise & airline to contact you if change last minute notice) \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt / Unit / Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Email: \_\_\_\_\_

Have you cruised with Norwegian Cruise Line (NCL) before?  Yes  No

Your Spouse /or Roommate's Name (First & Last): \_\_\_\_\_  Male  Female

Have your spouse cruised with Norwegian Cruise Line (NCL) before?  Yes  No

<input type="checkbox"/> Spouse / Partner	<input type="checkbox"/> Boy/Girlfriend / Fiancé	<input type="checkbox"/> Friend / Family	<input type="checkbox"/> Not Yet, looking for one	<input type="checkbox"/> No roommate, I prefer to be alone
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Your Spouse /or Roommate's Birth Date (mm-dd-yyyy): \_\_\_\_\_

Is Roommate have same address as you?  Yes  No, your roommate needs to fill separate form.

Please check all that apply:

(If your roommate lives with you)

You	You	Your Spouse / or Roommate	Your Spouse / or Roommate
<input type="checkbox"/> Deaf / Hard of Hearing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Deaf / Hard of Hearing	<input type="checkbox"/> Hearing
<input type="checkbox"/> Low Vision	<input type="checkbox"/> Diabetic (pills)	<input type="checkbox"/> Low Vision	<input type="checkbox"/> Diabetic (pills)
<input type="checkbox"/> Usher's Syndrome	<input type="checkbox"/> Diabetic, injection	<input type="checkbox"/> Usher's Syndrome	<input type="checkbox"/> Diabetic (injection)
<input type="checkbox"/> Need raised Toilet seat	<input type="checkbox"/> Bring a CPAP	<input type="checkbox"/> Need raised Toilet seat	<input type="checkbox"/> Bring a CPAP
<input type="checkbox"/> Shower with Stool	<input type="checkbox"/> Bring a Wheelchair	<input type="checkbox"/> Shower with Stool	<input type="checkbox"/> Bring a Wheelchair
<input type="checkbox"/> COVID Shots # _____	<input type="checkbox"/> Bring a Walker / Cane	<input type="checkbox"/> COVID Shots # _____	<input type="checkbox"/> Bring a Walker / Cane
<input type="checkbox"/> Any Allergic? _____		<input type="checkbox"/> Any Allergic? _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

Type of Cabin & Group Rates:(for Double Occupancy, but for Single is 200%) (pp = per person)

<input type="checkbox"/> IB – Inside \$1,215.27 pp	<input type="checkbox"/> IA – Inside \$1,224.77 pp	<input type="checkbox"/> OB – Ocean View \$1,318.87 pp	<input type="checkbox"/> BB – Balcony \$1,539.87 pp	<input type="checkbox"/> BA – Balcony \$1,548.37 pp
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Type of Bed:

<input type="checkbox"/> Two Beds	<input type="checkbox"/> Two Beds together as a Queen Bed
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# Emergency Contact

Name (First & Last): \_\_\_\_\_

<input type="checkbox"/> Spouse / Partner (who is not travel with me)	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Other _____
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Street Address: \_\_\_\_\_ Apt / Unit / Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell / VP #: \_\_\_\_\_ Email: \_\_\_\_\_

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## Cancellation & Payment Policy

### Payment:

1. \$125.00 per person deposit due when you sign up for double Occupancy for Inside, Oceanview or Balcony. Then you can ask for automatic monthly payment plan.
2. \$250.00 per person deposit due when you sign up any other categories and Triple or Quad Occupancy (note: The rates will be under current rates and available).
3. Final payment due by August 10, 2024.

**FOR PERSONAL CHECK, MONEY ORDER OR ZELLE QUICK PAY – PLEASE PAYABLE TO “MARIA & BOBBY’S DEAF TRAVEL” For Zelle Quick Pay ~ use email address as [mbdeaftravel@gmail.com](mailto:mbdeaftravel@gmail.com).**

### Maria & Bobby’s Deaf Travel and Norwegian Cruise Line’s Cancellation Fees:

1. If you cancel between today and Aug 24, 2024 ~ \$100.00 per person
2. If you cancel between Aug 25, 2024 and Sept 22, 2024 ~ \$100.00 plus 25% per person
3. If you cancel between Sept 23, 2024 and Oct 22, 2024 ~ \$100.00 plus 50% per person
4. If you cancel between Oct 23, 2024 and Nov 21, 2024 ~ \$100.00 plus 75% per person
5. If you cancel between Nov 22, 2024 and Dec 22, 2024 ~ \$100.00 plus 100% per person

Cruise rates are capacity controlled in U.S. dollars, per guest & based on double occupancy. Government taxes/fees & tips are included in the total price. Hotel, Air transportation and Pre-& Post transfer (from/to Hotel or Airport to San Juan Terminal) are additional for all guests. Some restrictions (including stateroom category availability) apply. Royal Caribbean International reserves the right to impose a fuel supplement on all guests if the price of West Texas Intermediate fuel exceeds \$65.00 per barrel. The fuel supplement for 1st & 2nd guests would be no more than \$10.00 per guest per day & for additional would be no more than \$5.00 per guest per day.

I, \_\_\_\_\_, have read and agree to the Cancellation & Payment Policy of  
(print your first & last name)

*African American Deaf Cruise 2024. I understand and accept the Cancellation & Payment Policy. I understand that there is a cancellation fee of \$100.00 per person with Maria & Bobby’s Deaf Travel, whenever I cancel my whole trip once it becomes available. I understand that I will have to write or email a cancellation letter to Maria Lee, Travel Agent.*

**Signature:** \_\_\_\_\_ **Today Date:** \_\_\_\_\_

**Sign Up Form, Check (or money order) and copy of Passport Book**

**Mail to:** Maria & Bobby’s Deaf Travel  
PO Box 49305  
Dayton, OH 45449-0305

# Free Group Amenities Form

## African American Deaf Cruise 2024

**Must return this form with your sign-up form**

(Roommate (not spouse) needs to fill out separate Amenities Form)

Your Name (First & Last): \_\_\_\_\_

Your Spouse (if go with you) (First & Last): \_\_\_\_\_

**For Inside and Ocean View Cabin**

(Your spouse or roommate must have same choice of Free Group Amenities)

Check "Two" Free Offers from Group A or Group B, but no mix between Group A and Group B.

### GROUP A

\_\_\_\_\_ Free Premium Beverage Package and add \$152.60 per guest for gratuities

\_\_\_\_\_ Free 1-Specialty Dining Package and add \$10 per guest for gratuities

\_\_\_\_\_ \$50 Per Port Shore Excursion Credit (Only applicable to Guest 1)

\_\_\_\_\_ Internet Package (free 150 minutes) (Only device per cabin)

**OR**

### GROUP B

\_\_\_\_\_ \$50 Per Port Shore Excursion Credit (Only applicable to Guest 1)

\_\_\_\_\_ Internet Package (free 150 minutes) (Only device per cabin)

\_\_\_\_\_ Free 10 Photos Package (per cabin)

\_\_\_\_\_ \$100 OBC (onboard credit) (per cabin)

**For Balcony Cabin**

\_\_\_\_\_ Group A (please add \$152.60 for Beverage package & \$17.80 for 2-Dining Package per guest)

\_\_\_\_\_ Group B (no extra charge)

Mail AADC 2024 Sign-Up Form, AADC 2024 Free Amenities Form, Copy of Passport Book and Personal check or Money Order to:

Maria & Bobby's Deaf Travel  
PO Box 49305  
Dayton, OH 45449-0305

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