

Sign up Form ~ Southern Caribbean & Semi-Retirement Cruise 2028

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)

PLEASE PRINT CLEARLY: (must fill out all information)

Your Name (match passport's name): _____ Male Female

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 Princess Cruise Line (PCL) before? Yes No

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

<input type="checkbox"/> Spouse <input type="checkbox"/> Partner	<input type="checkbox"/> Boy/Girlfriend <input type="checkbox"/> Fiancé	<input type="checkbox"/> Friend <input type="checkbox"/> Parent	<input type="checkbox"/> Brother / Sister <input type="checkbox"/> Nephew / Niece	<input type="checkbox"/> Not Yet, looking for one <input type="checkbox"/> No roommate, prefer to be alone	<input type="checkbox"/> Other _____
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Birth Date (mm-dd-yyyy): _____ Roommate's Email: _____

Roommate's Phone / VP: _____

Roommate's Text #: (for cruise & airline to contact you if change last minute notice) _____

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

Cabin

Type of Cabin Preferred? (check one)

<input type="checkbox"/> Inside	<input type="checkbox"/> Oceanview	<input type="checkbox"/> Balcony	<input type="checkbox"/> Mini Suite	<input type="checkbox"/> Suite	<input type="checkbox"/> Other: _____
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Type of Bed:

<input type="checkbox"/> Two Beds	<input type="checkbox"/> One King Bed
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Hotel

How many nights you / your roommate would like to stay hotel in San Juan before cruise? 1 2

How many nights you / your roommate would like to stay hotel in San Juan after cruise? 1 2

Deposit & Payment Policy

Deposit / Payment:

- For Deposit - \$125 (or more) per person. Deposit is Refundable.

FOR PERSONAL CHECK, CASHIER CHECK, MONEY ORDER – PLEASE PAYABLE TO “MARIA & BOBBY'S DEAF TRAVEL” For ZELLE QUICK PAY ~ use email address is mbdeaftravel@gmail.com, not my agency phone number.

Monthly Payment:

- You can pay monthly payment. It has to pay by personal check, cashier check, money order or Zelle until further notice.

(over)



Referred

How did you find out about Southern Caribbean & Semi-Retirement Cruise 2028? *(check one)*

<input type="checkbox"/> Maria Lee	<input type="checkbox"/> Website (mariasdeafcruise.com)	<input type="checkbox"/> Friend (name) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Jerry Miller Whitten	<input type="checkbox"/> MB Deaf Travel Facebook		

Emergency Contact

Name (First & Last) *(not traveling with you):* _____

<input type="checkbox"/> Spouse	<input type="checkbox"/> Boy/Girlfriend	<input type="checkbox"/> Son	<input type="checkbox"/> Friend	<input type="checkbox"/> Brother / Sister	<input type="checkbox"/> Not Yet, looking for one	<input type="checkbox"/> Other _____
<input type="checkbox"/> Partner	<input type="checkbox"/> Fiancé	<input type="checkbox"/> Daughter	<input type="checkbox"/> Parent	<input type="checkbox"/> Nephew / Niece	<input type="checkbox"/> No roommate, prefer to be alone	

Street Address: _____ **Apt / Unit / Lot #** _____

City: _____ **State:** _____ **Zip:** _____

Phone / VP #: _____ **Email:** _____

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"/> Bring a Cane	<input type="checkbox"/> Diabetic (injection) *	<input type="checkbox"/> Bring a Cane	<input type="checkbox"/> Diabetic (injection) *
<input type="checkbox"/> Bring a Walker (foldable)	<input type="checkbox"/> Diabetic (pills)	<input type="checkbox"/> Bring a Walker (foldable)	<input type="checkbox"/> Diabetic (pills)
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Asthma *	<input type="checkbox"/> C-PAP (Portable)	<input type="checkbox"/> Asthma *	<input type="checkbox"/> C-PAP (Portable)
<input type="checkbox"/> Heart Disease *	<input type="checkbox"/> Osteoporosis *	<input type="checkbox"/> Heart Disease *	<input type="checkbox"/> Osteoporosis *
<input type="checkbox"/> Bring Manual Wheelchair (I've someone push/help me)		<input type="checkbox"/> Bring a Manual Wheelchair (I've someone push/help me)	
<input type="checkbox"/> Bring foldable Electric Wheelchair (I've someone help me)		<input type="checkbox"/> Bring foldable Electric Wheelchair (I've someone push/help me)	
<input type="checkbox"/> Any Allergic? _____		<input type="checkbox"/> Any Allergic? _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

* *If you have health issue and it would be best for you to check with your primary doctor if it is okay for you to fly, travel or cruise.*

I / We, _____, understand the Deposit & Payment Policy. I / We understand that Maria, travel agent will notify me once the rates of 2028 is ready. I/We have rights to decide whether I accept the rates of 2028 or cancellation without penalty within 7 days. If I / we accept the rates of 2028 and allow Maria transfer the money to Princess Cruise Line to book the cabin for me/us.

(Signature) _____
(Date)

(Spouse / Partner's Signature) _____
(Date)

Mail this form with a copy of Passport Book with this form & deposit/payment

to:

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

