

Deaf Explorers Cruise 2026 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 & 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

<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"/> Inside - \$1,934.84 * pp	<input type="checkbox"/> Oceanview – \$2,183.44 * pp	<input type="checkbox"/> Balcony – \$3,016.44* pp	<input type="checkbox"/> Other: _____
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Type of Bed:

<input type="checkbox"/> Two Beds	<input type="checkbox"/> Two Beds together as a King/or 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: _____

Cancellation & Payment Policy

Payment:

1. \$200.00 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 October 10, 2025.

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 **mbdeaftavel@gmail.com**.

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

1. If you cancel between today and Nov 12, 2025 ~ \$100.00 per person
2. If you cancel between 11/13/2025 and 12/11/2025 ~ \$100.00 plus 25% per person
3. If you cancel between 12/12/2025 and 01/10/2026 ~ \$100.00 plus 50% per person
4. If you cancel between 01/11/2026 and 02/09/2026 ~ \$100.00 plus 75% per person
5. If you cancel between 02/10/2026 and 03/11/2026 ~ \$100.00 plus 100% per person

I, _____, have read and agree to the Cancellation & Payment Policy of Deaf Explorers Cruise 2026. I understand and accept the Cancellation & Payment Policy. I understand that Maria & Bobby’s Deaf Travel will charge a cancellation fee of \$100 per person (adult age 15 & above) on all travel arrangements and this fee is in addition to any fees or penalties by the vendor (cruise line, airline, hotel, etc.) I understand that I will have to write or email a cancellation letter to Maria Lee, Travel Agent.

Signature: _____ Today Date (mm-dd-yyyy): _____

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

Any questions, feel free to contact Maria by phone / VP or email during business hours. (Monday – Thursday 11 AM – 3:30 PM) Eastern Time. Office Hours are subject to change without notice.

