

(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):** \_\_\_\_\_

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

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

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

**Your Email:** \_\_\_\_\_ **Text #:** \_\_\_\_\_

Are you  Deaf?  Hard of Hearing?  Hearing?

Do you use "ASL" as your language?  yes  no

**Your Spouse /or Roommate's Name (match passport's name):** \_\_\_\_\_

<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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**Your Spouse/ or Roommate's Email:** \_\_\_\_\_ **Text #:** \_\_\_\_\_

**Birth Date (mm-dd-yyyy):** \_\_\_\_\_ **Is your Spouse/or Roommate**  Deaf?  Hard of Hearing?  Hearing?

**Does your spouse/or Roommate use "ASL" as his/her language?**  yes  no

## Hotel

**Type of Room & Prices: (pp = per person) - (check one)**

<input type="checkbox"/> Solo (1 person) - \$2,727 *	<input type="checkbox"/> 2 Twin Beds (2 people) - \$2,034 * pp	<input type="checkbox"/> 1 King for 2 people - \$2034 * pp
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*\*Prices are subject to change anytime by Amsaan Tours*

**Note:** Dubai's Type Plug is different than USA's Type Plug. Dubai's plug is type G. USA's plug is type A & B

**Do you want to extend your stay in Dubai & need Quote of Hotel (after Oct 12, 2027)?**  yes  no

**How many more nights you / your spouse/roommate would like to stay same hotel in Dubai?**  2  3  4  5

## Travel Insurance

**Do you want to buy Travel Insurance (cover non-refundable deposit, flight/bags)?** *(highly recommend)*  yes  no

**Travel Insurance Pricing basic on your current age: (Need to pay now with your deposit) (non-refundable)**

Age 0-34 <input type="checkbox"/> \$60 *	Age 35-49 <input type="checkbox"/> \$68 *	Age 50-59 <input type="checkbox"/> \$73 *	Age 60-69 <input type="checkbox"/> \$102 *	Age 70-74 <input type="checkbox"/> \$156 *	Age 75-79 <input type="checkbox"/> \$211 *	Age 80-84 <input type="checkbox"/> \$303 *	Age 85 & up <input type="checkbox"/> \$490 *
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*\*Trip cost is up to \$1,000. If your airfare cost more than \$1,000 then you will need to increase the trip cost to \$1,500 to \$2,000 and pay little extra cost of travel insurance rates. Travel Insurance Pricing are subject to change without notice by Arch RoamRight Travel Insurance Co.*

## Referred

**How did you find out about Dubai 2027?** *(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"/> MB Deaf Travel Facebook		_____	_____

# Cancellation, Deposit / Payment & Final Payment Policy

## Deposit / Payment:

1. For Solo - Your choice: Pay \$407 non-refundable deposit in full plus travel insurance rate or \$203.50 non-refundable deposit plus travel insurance rate when you sign up. If you pay \$203.50 non-refundable deposit due 30 days after 1<sup>st</sup> deposit paid. Then you can request for automatic monthly payment plan with your credit card, if it is become available by Amsaan Tours. If not, continue to pay monthly by Zelle, personal check or money order to Maria & Bobby's Deaf Travel.
2. For Double or 2 people per room - Your choice: Pay \$546 non-refundable deposit plus travel insurance rate per person in full or \$273 non-refundable deposit per person plus travel insurance rate. If you pay \$273 non-refundable deposit per person due 30 days after 1<sup>st</sup> deposit paid. Then you can ask for automatic monthly payment plan with your credit card, if it is become available by Amsaan Tours. If not, continue to pay monthly by Zelle, personal check or money order to Maria & Bobby's Deaf Travel.
3. For Solo or Double: After you pay the non-refundable deposit in full, then you can continue to pay \$100 (or more) monthly for land tours and \$75 (or more) monthly for flight, if you want your travel agent (Maria) to take care of flight for you.
4. Land tours and Flight Payment needs separate personal check, money order or Zelle Quick Pay.

**FOR PERSONAL CHECK, CASHIER 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.**

## Final Payment:

1. Final payment due is July 20, 2027.
2. If you could not able to pay the balance due before the final payment due date. There will be a flat \$10 late fee per person monthly. The flat \$10 late fee per person MUST pay by Zelle by 3<sup>rd</sup> of the month. The flat \$10 late fee will add to your invoice automatically.

## Maria & Bobby's Deaf Travel and Amsaan Tours's Cancellation Fees:

1. No Cancellation fee with Maria & Bobby's Deaf Travel
2. If you cancel on up to 91 days prior to arrival date ~ No Penalty except the deposit (this notice are subject to change by Amsaan Tours)
3. If you cancel on 90 – 61 days prior to arrival date ~ 50% of total cost per person
4. If you cancel on 60 days prior to arrival date ~ 100% of total cost per person

## 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: \_\_\_\_\_

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

## Flight

The airfare will not be ready until November / December 2026. The non-stop flight to Dubai which would be Atlanta (ATL), Chicago (ORD), Newark (EWR), Denver (DEN), Miami (MIA), Huston (IAH), San Francisco (SFO), Los Angeles (LAX), Washington DC (IAD)

Do you want your travel agent (Maria) help you with flight?  yes  no

Do you understand that Maria & Bobby's Deaf Travel's Air Services fee of \$50 per person?  yes  no

Do you want to fly with other deaf people from our group?  yes  no  no matter to me

Which seat would you like to sit?  window  center / middle  aisle

Which seat would your spouse / partner / roommate likes to sit?  window  center / middle  aisle



Your Name: (first & last name) \_\_\_\_\_

Please check all that apply:

(If your roommate lives with you)

You	You	Your Spouse / or Roommate	Your Spouse / or Roommate
<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: _____	

\*Best to check with your family / primary doctor if it is okay for you to have a long flight to Dubai before you send deposit & buy travel insurance. You may need a doctor note to state that you are fitted to have long non-stop flight (between 13 - 17 hours). Also, you need re-check with your primary doctor about 5-6 months before the travel dates to see if you are still fitted to travel. \*

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I / We, \_\_\_\_\_, have read & agree to the Cancellation, Deposit/Payment & Final Payment Policy. I / We understand that Maria & Bobby's Deaf Travel will charge me / us a flat \$10 late fee per person monthly, if I / we did not pay the balance off before the final payment date due. I / We understand that the tour itinerates & prices are subject to change without notice. I / We, understand that if I / we Decide to cancel our Dubai 2027, I / we understand that I / we will have write or email a cancellation letter to Maria Lee, Travel Agent, for her file.

\_\_\_\_\_  
(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

