

Escape 2 Beaches Cruise 2025 (E2BC) 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: _____ 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 Carnival Cruise Line (CCL) before? Yes No

Your Spouse /or Roommate's Name: _____ Male Female
(NAME MUST BE MATCHED YOUR PASSPORT BOOK)

<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): _____

Has your spouse / or Roommate cruised with Carnival Cruise Line (CCL) before? Yes No

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) **all rates are subject to change any time by CCL

<input type="checkbox"/> Inside - \$511.65 pp	<input type="checkbox"/> Ocean View - \$551.65 pp	<input type="checkbox"/> Balcony - \$681.65 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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(over)

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. Before May 31, 2024, \$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. On or after June 10, 2024, \$200.00 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 July 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 **mbdeaftravel@gmail.com**.

Maria & Bobby’s Deaf Travel (MB) and Carnival Cruise Lines (CCL) Cancellation Fees:

1. If you cancel between today and 7/24/25 ~ \$100.00 (MB) per person
2. If you cancel between 7/25/25 and 8/13/25 ~ \$100.00 (MB) plus \$150.00 (CCL) per person
3. If you cancel between 8/14/25 and 9/8/25 ~ \$100.00 00 (MB) plus 50% (CCL) per person
4. If you cancel between 9/9/25 and 9/23/25 ~ \$100.00 00 (MB) plus 75% (CCL) per person
5. If you cancel between 9/24/25 and 10/10/2025 ~ \$100.00 00 (MB) plus full penalty as no refund (CCL) per person

I, _____, have read and agree to the Cancellation & Payment Policy of Escape 2 Beaches Cruise 2025. 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 16 & 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 a copy of Passport Book of each person

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.

