

MB Japan 2025 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 Celebrity Cruises 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): _____

Has your spouse /or roommate cruised with Celebrity Cruises 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"/> Full Covid-19 Vaccination	<input type="checkbox"/> Covid-19 Booster	<input type="checkbox"/> Full Covid-19 Vaccination	<input type="checkbox"/> Covid-19 Booster
<input type="checkbox"/> Any Allergic? _____		<input type="checkbox"/> Any Allergic? _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

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

<input type="checkbox"/> Inside - \$2,443.98 pp	<input type="checkbox"/> Oceanview - \$2,863.98 pp	<input type="checkbox"/> Balcony - \$3,433.98 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 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: _____

Payment Policy & Cancellation

Payment:

1. \$225.00 per person deposit due when you sign up (waiting list) or full deposit of \$450.00 per person to book for double occupancy for Prime Inside, Prime Oceanview or Standard Veranda (balcony), under group rates. After paying \$450.00, an automatic monthly payment plan can be set up for your convenience.
2. \$450.00 per person deposit due when you sign up any other category and Triple or Quad Occupancy (note: The rates will be under current rates and available).
3. Final payment due by December 5, 2024.

FOR PERSONAL CHECK, MONEY ORDER OR ZELLE PAY – PLEASE PAYABLE TO **“MARIA & BOBBY’S DEAF TRAVEL”** Use my email address mbdeaftravel@gmail.com as recipient for send money to.

NOTE: THE AGENCY DO HAVE “ZELLE” ACCOUNT. (Best to check with your bank (not Credit Union) account to see if they have “Zelle Pay” first)

Maria & Bobby’s Deaf Travel and Celebrity Cruises’ Cancellation Fees:

1. If you cancel between today and Dec 27, 2024 ~ \$100.00 per person
2. If you cancel between Dec 28, 2024 and Jan 11, 2025 ~ \$100.00 plus 25% per person
3. If you cancel between Jan 12, 2025 and Jan 25, 2025 ~ \$100.00 plus 50% per person
4. If you cancel between Jan 26, 2025 and Feb 24, 2025 ~ \$100.00 plus 75% per person
5. If you cancel between Feb 25, 2025 and Mar 27, 2025 ~ \$100.00 plus 100% per person

Disclaimer: Cruise rates are capacity controlled in U.S. dollars, per guest & based on double occupancy, “Always included” package (Unlimited Classic Drinks, unlimited Surf Wi-Fi and tips) are included in the total price. Hotel, Air transportation and Pre- & Post transfer (from/to Hotel or Airport to Tokyo Port) are additional for all guests. Other cabin rates are available in limited quantity and also restrictions apply. Group Rates are subject to change without prior notice if additional more cabins. Some restrictions (including stateroom category availability) apply. Celebrity Cruises reserves the right to impose a fuel supplement on all guests if the price of West Texas Intermediate fuel exceeds \$65 per barrel. The fuel supplement for 1st & 2nd guests would be no more than \$10 per guest per day, to a maximum of \$150 per cruises; and for additional guests would be no more than \$5 per person per day, to a maximum of \$70 per cruise.

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

of MB Japan 2025. 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. I understand that I will have to write or email a cancellation letter to Maria Lee, Travel Agent. I understand that Celebrity Cruises do not provide ASL Interpreters for this cruise.

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

Mail MB Japan 2025 Sign-Up Form, Copy of Passport Book and Personal check or Money Order to:
Maria & Bobby’s Deaf Travel
PO Box 49305
Dayton, OH 45449-0305

