

Update

Hawaii Deaf Cruise 2026 Sign Up Form

Update

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 Norwegian Cruise Line (NCL) before? ☐ Yes ☐ NoYour 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 Norwegian Cruise Line (NCL) before? ☐ Yes ☐ NoIs 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 C-PAP	<input type="checkbox"/> Need raised Toilet seat	<input type="checkbox"/> Bring a C-PAP
<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"/> Bring a Cane	<input type="checkbox"/> Bring a Walker	<input type="checkbox"/> Bring a Cane	<input type="checkbox"/> Bring a Walker
<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 NCL

<input type="checkbox"/> Inside \$2,380.61 ** pp	<input type="checkbox"/> Oceanview (partial view) \$2,398.49 ** pp	<input type="checkbox"/> Balcony \$2,994.97 ** pp
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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. \$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 or before February 13, 2026.](#)

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 **mbdeafttravel@gmail.com**.

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

1. If you cancel between today and 4/3/2026 ~ \$100.00 per person
2. If you cancel between 4/4/2026 and 5/1/2026 ~ \$100.00 plus 25% per person
3. If you cancel between 5/2/2026 and 5/31/2026 ~ \$100.00 00 plus 50% per person
4. If you cancel between 6/1/2026 and 7/1/2026 ~ \$100.00 00 plus 75% per person
5. If you cancel between 7/2/2026 and 8/8/2026 ~ \$100.00 00 plus 100% per person (no refund)

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

Policy of Hawaii Deaf 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 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.

