

# Canada & New England



# 2010

## Reservation Deposit Form

Yes, I am very interested in Deaf Cruise Canada & New England 2010 including cruise on Oct 16, 2010 for 7 days. The deposit will be 20% based on total cruise fare and requires double occupancy (two) is enclosed to reserve the room(s) on Caribbean Princess by filling out this deposit form:

### General Information: (PLEASE PRINT CLEARLY)

Name 1:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Passport No:	<input type="text"/>
DOB:	<input type="text" value="MONTH / DAY / YEAR"/>	Expiration Date:	<input type="text"/>
Name 2:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Passport No:	<input type="text"/>
DOB:	<input type="text" value="MONTH / DAY / YEAR"/>	Expiration Date:	<input type="text"/>
Name 3:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Passport No:	<input type="text"/>
DOB:	<input type="text" value="MONTH / DAY / YEAR"/>	Expiration Date:	<input type="text"/>
Name 4:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Passport No:	<input type="text"/>
DOB:	<input type="text" value="MONTH / DAY / YEAR"/>	Expiration Date:	<input type="text"/>

Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Country:	<input type="text"/>
Phone VP	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>

### Price Rates: Check One:

Interior:.....\$690.71 ( )  
Oceanview:.....\$890.71 ( )  
Balcony:.....\$984.71 ( )

All price are subject to change without notice. Each price includes gov't taxes, cruise fees, and cruise tips per person based on double occupancy.

**Insurance:** Yes or No (Initial) \_\_\_\_

**Bed Type:** Twin (2) or Queen (1)

**Notice:** Princess Cruises reserves the right to impose a fuel supplement of up to \$9 per person per day on all passengers if the NYMEX oil prices exceeds \$70 per barrel, even if the fare has already paid in full.

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## Credit Card Billing Information:

Full Name:

Address:

City:

State/  
Province:

Zip Code:

Country:

### Cancellation Policy:

Passengers who cancel after that date for any reason, including medical or family reasons, are subject to the following per person cancellation fees:

75 days or more: None  
74-57 days: Brochure Deposit Amount  
56-29 days: 50% of Total Charges  
28-15 days: 75% of Total Charges  
Within 14 days: 100% of Total Charges

**Payment Method** (Circle One) **Visa** **MasterCard** **Amex** **Discovery**

CC #:     Exp Date:

CVS #:  (last three digits are on back of your credit card, American Express is usually on front)

I hereby authorize Deaf Cruise to charge 20% of deposit based on total fare including optional insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Other Payment Options:

Mail to:  
Deaf Cruise  
14700 N. FLW Blvd #157, PMB #379  
Scottsdale, AZ 85260

Fax: 480.657.0744  
VP & Voice: 866.922.3090  
URL: <http://www.DeafCruise.com>

Check, Money, or Cashier Check is permit. Please make a payment to **Deaf Cruise**. Notice: Returning check is subject to \$25.00 fee. Question? [sales@deafcruise.com](mailto:sales@deafcruise.com)

### Office Use Only

Deposit Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Insurance Sent: Yes or No \$\$ \_\_\_\_\_

Cabin #: \_\_\_\_\_ Person #: \_\_\_\_\_ Date Booked: \_\_\_\_\_