



DEAF CRUISE™ Western Caribbean 2012 - Reservation Form

Yes, I want to go on Western Caribbean cruise for 8 days starting June 16th 2012. The initial deposit before deadline shall be \$250 per person or if past the deadline, I am paying in full. I understand that this requires a minimum of double (two) occupancies per room* on Carnival Freedom. Below, I am filling out the form and enclosure my payments(s) accordingly with the reserved room(s)

General Information: (PLEASE PRINT CLEARLY)

Passport Required.

Name 1:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Name 3:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>
DOB:	<input type="text" value="MONTH"/> / <input type="text" value="DAY"/> / <input type="text" value="YEAR"/>	DOB:	<input type="text" value="MONTH"/> / <input type="text" value="DAY"/> / <input type="text" value="YEAR"/>
Name 2:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Name 4:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>
DOB:	<input type="text" value="MONTH"/> / <input type="text" value="DAY"/> / <input type="text" value="YEAR"/>	DOB:	<input type="text" value="MONTH"/> / <input type="text" value="DAY"/> / <input type="text" value="YEAR"/>

Address:

City:

State:

Zip Code:

Country:

Phone|
VP

Fax:

Price Rates: **Check One:**

Interior:\$ 949.00 ()

OceanView:.....\$1,109.00 ()

Balcony:.....\$1,379.00 ()

Suite:.....\$1,499.00 ()

3rd and 4th guest fares: Interior, OceanView & Balcony \$599 p/p - Suite \$739 p/p.

All price are subject to change without notice. Government taxes/fees, and cruise tips per person are additional. Room is subject to availability.

Suggest you to include insurance for your protection.
Insurance: Yes or No (Initial) ____

Bed Type: Twin (2) ____ Queen (1) ____

<input type="checkbox"/> Pre-cruise	<input type="checkbox"/> Air	Office Use Only	<input type="checkbox"/> DCI #
<input type="checkbox"/> Post-cruise	<input type="checkbox"/> Transportation	<input type="checkbox"/> Hotel	<input type="checkbox"/> Booking #



DEAF CRUISE™ Western Caribbean 2012

Reservation Form - Father's Day Week - June 16-24
(Final Payment Due: Feb. 15th)

Credit Card Billing Information:

Passport Required.

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/MC** **Amex** **Discovery** **Check/Cashier**

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: _____

Please make a payment to **Deaf Cruise**.
Returning check is subject to \$25.00 fee.

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

For more information:

Call: 512.900.8000
Fax: 480.657.0744

Email: customer@deafcruise.com