



**Deaf Cruise's Alaska 2011. Reservation form
(All payment in full by March 01, 2011 deadline)**

Yes, I want to go on Alaska cruise for 7 days starting June 4th, 2011. The initial deposit before deadline shall be 20% fare per person or if past the deadline, I am paying in full. All rooms requires a minimum of double (two) occupancies per room on Princes cruise. Below, I am filling out the form and enclose my payments(s) accordingly. Additional room, separate form.

General Information: (PLEASE PRINT CLEARLY)

Name 1:	FIRST LAST	Passport No:	
DOB:	MONTH / DAY / YEAR	Expiration Date:	
Name 2:	FIRST LAST	Passport No:	
DOB:	MONTH / DAY / YEAR	Expiration Date:	
Name 3:	FIRST LAST	Passport No:	
DOB:	MONTH / DAY / YEAR	Expiration Date:	
Name 4:	FIRST LAST	Passport No:	
DOB:	MONTH / DAY / YEAR	Expiration Date:	

Address:

City:

State:

Zip Code:

Country:

Phone|VP

Fax:

Email:

Price Rates: Check One:

Interior.....\$924.00 ()
Oceanview.....\$1,149.00 ()
Balcony.....\$1,749.00 ()
Suite.....\$1,949.00 ()
3rd, 4th guest is reduced fare per person.

All price are subject to change without notice.
Government taxes, cruise 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) or Queen (1)

Notice: Even if your fare has already been paid in full, cruise liner reserves the right to impose on all passengers a fuel supplement fee per person per day if oil prices exceeds standard rate per barrel.



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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, (unless you are insured) 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

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:

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

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

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

Office Use Only

Deposit? Yes or No, Amount Paid: \$ _____ Date: _____ Insurance? : Yes or No \$ _____

Cabin #: _____ Person #: _____ Date Booked: _____