

Hawaii



2011

Reservation Deposit Form

Yes, I am very interested in Deaf Cruise Hawaii 2011 including cruise on July 2nd, 2011 for 7 days. The deposit will be \$250.00 per person based on total cruise fare and requires double occupancy (two) is enclosed to reserve the room(s) on Pride of America NCL 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:.....	\$1,349.00 ()
Oceanview:.....	\$1,579.00 ()
Balcony:.....	\$1,849.00 ()
Suite:.....	\$3,699.00 ()

Prices gov't taxes, cruise fees, and cruise tips per person based on double occupancy are additional.

All price are subject to change without notice.

Insurance: Yes or No (Initial) ____

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

Notice: NCL 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 \$250.00 per person of deposit including an additional tip fee and 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 Amount Paid: _____ Date: _____ Insurance Sent: Yes or No \$\$ _____

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