



22
DECEMBER
2012

MEXICAN RIVIERA



HOLIDAY
CRUISES



FOR MORE INFORMATION:
CALL 877-512-3517 OR
EMAIL: CUSTOMERCARE@DEAFCRUISE.COM





DEAF CRUISE™ Mexican Riviera - Reservation Form

Yes, I want to go on Holiday cruise for 7 days starting Dec. 23 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 Splendor. 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 / DAY / YEAR"/>	DOB:	<input type="text" value="MONTH / DAY / 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 / DAY / YEAR"/>	DOB:	<input type="text" value="MONTH / DAY / YEAR"/>

Address:

City:

State:

Zip Code:

Country:

Phone|
VP:

Fax:

Email:

Price Rates: Check One:

Interior\$ 759.00 ()
 OceanView.....\$ 849.00 ()
 Balcony:.....\$1,004.00 ()
 Suite.....\$1,764.00 ()
 3rd and 4th guest fares: Interior \$709,
 OceanView \$739, Balcony \$809 , Suite \$929
 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™ Mexican Riviera 2012

Reservation Form - Holiday Cruise - Dec 22-29
(Final Payment Due: Aug. 15th)

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:

Fax: 480.657.0744
 VP & Voice: 877.512.3517
 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: _____