

EACH PERSON MUST FILL OUT

MBDC 2021
Sign up Form

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Passport (recommend) blue book required at time of sailing

PLEASE PRINT CLEARLY: (must fill out all information)

Your Name (Must Match your Passport Book): _____

Date of Birth: ____ / ____ / ____ Your phone number ____ VP ____ Cell (____) _____

Email Address (must): _____

Mailing Address: _____ Apt / Unit / Lot # _____

City _____ State _____ Zip _____

Are you ____ Deaf? ____ HOH? ____ Hearing? Are you ____ Low Vision? ____ Usher Syndrome? ____ Blind?

Do you understand that it is possible that there will be no ASL interpreter for this trip? (circle one) Yes No

Do you use ____ cane? ____ walker with rollator? Do you need ____ raised toilet seat? ____ shower with stool?

Are you bringing ____ Power Scooter? ____ Manual / Power Wheelchair? (who will help you _____)

Are you ____ Diabetic (pill)? ____ Diabetic (injection)? Do you have allergic? No Yes, _____

Name of roommate that you will share with? _____

Is he/she your ____ (legal) Spouse? ____ Fiancée ____ Boy/Girl Friend? ____ Friend?

Emergency Contact (who is not going to this trip / cruise with you) – only one name/phone

Name (First / last) _____ Phone # (____) _____

Relationship (circle one) Son Daughter Mother Father Cousin Friend Other _____

Address: _____ Apt / Unit / Lot # _____

City _____ State _____ Zip _____

Type of Cabin: ____ Inside (\$1,763.63 pp) ____ Ocean View (\$1,924.63 pp) ____ Balcony (\$3,279.63 pp)

Type of Bed for Cabin: ____ Two beds together as Queen Bed ____ Two Twin Beds (Separate, but still in same room)

Deposit Payment: **PAYABLE TO MARIA MICHAELSON (personal check or money order only)**

Initial Deposit of \$100 per person (hold cabin) or Full Deposit of \$450 per person (reserve cabin)

I understand that there is a cancellation fee of \$100 plus processing fee per person with L'Attitudes Travel., whenever I cancel my whole trip (cruise package) any time. I understand that I will have to write a cancellation letter (it can be either mail or email) to Maria Michaelson, Travel Agent. I understand that Royal Caribbean may not provide ASL interpreters for this trip.

(Signature)

(Date)

Mail this form with a copy of your Passport Book with personal check or money order to: Maria Michaelson, Travel Agent

PO Box 49305

Dayton, OH 45449-0305

