



Deaf Alaskan Adventure 2009!

Booking form

A valid passport is required for travel. For your protection, we recommend that your passport expiration date not occur within six (6) months of the sailing termination date.

Payment plan:

- 1) \$250 per person(\$500 per stateroom) is due at the time of booking. If you are booking pre-cruise package the deposit is \$900 per person
- 2) Final payment is due on or before April 20, 2009

Cancellation policy:

- 1) Cancellations between May 1 and May 31 are subject to the penalty of \$250 per person (\$900 per person if you purchased pre-cruise vacation package)
- 2) Cancellations between June 1 and June 30 are subject to the cancellation fee of the 50% of the cost of the total vacation package.
- 3) Cancellations after July 1, 2008 -- cruise and pre-cruise vacation package are non-refundable



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Please fill out this form completely for every passenger and fax it to 954-775-2585. You will receive the cruise confirmation and your cabin number by email or fax.

Passenger 1	
First Name (as in passport):	
Last Name (as in passport):	
Date of Birth:	
Citizenship:	
Passport expiration date:	
Street address:	
City, State, Zip:	
Phone:	
Fax:	
Email address:	
Stateroom Category:	
	<input type="checkbox"/> 2 Twin beds <input type="checkbox"/> Queen bed
Trip insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crown&Anchor membership number(if available):	
Dining preference:	<input type="checkbox"/> 6:00pm <input type="checkbox"/> 8:30pm
Yes, I would like to extend my vacation. Please sign me up for <input type="checkbox"/> Package #1 <input type="checkbox"/> Package #2 (it's optional; see website for details)	
Name on the credit card:	
Credit card number:	
Credit card expiration date:	
Please list any food allergies, dietary restrictions, special needs etc.	
Comments:	

I, _____, hereby authorize Royal Caribbean International to charge my credit card up to the amount of the full price of the cruise.

Signature: _____

Date: _____



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Passenger 2	
First Name (as in passport):	
Last Name (as in passport):	
Date of Birth:	
Citizenship:	
Passport expiration date:	
Street address:	
City, State, Zip:	
Phone:	
Fax:	
Email address:	
Stateroom Category:	
	<input type="checkbox"/> 2 Twin beds <input type="checkbox"/> Queen bed
Trip insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crown&Anchor membership number(if available):	
Dining preference:	<input type="checkbox"/> 6:00pm <input type="checkbox"/> 8:30pm
Yes, I would like to extend my vacation. Please sign me up for <input type="checkbox"/> Package #1 <input type="checkbox"/> Package #2 (it's optional; see website for details)	
Name on the credit card:	
Credit card number:	
Credit card expiration date:	
Please list any food allergies, dietary restrictions, special needs etc.	
Comments:	

I, _____, hereby authorize Royal Caribbean International to charge my credit card up to the amount of the full price of the cruise.

Signature: _____

Date: _____



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Passenger 3	
First Name (as in passport):	
Last Name (as in passport):	
Date of Birth:	
Citizenship:	
Passport expiration date:	
Street address:	
City, State, Zip:	
Phone:	
Fax:	
Email address:	
Stateroom Category:	
	<input type="checkbox"/> 2 Twin beds <input type="checkbox"/> Queen bed
Trip insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crown&Anchor membership number(if available):	
Dining preference:	<input type="checkbox"/> 6:00pm <input type="checkbox"/> 8:30pm
Yes, I would like to extend my vacation. Please sign me up for <input type="checkbox"/> Package #1 <input type="checkbox"/> Package #2 (it's optional; see website for details)	
Name on the credit card:	
Credit card number:	
Credit card expiration date:	
Please list any food allergies, dietary restrictions, special needs etc.	
Comments:	

I, _____, hereby authorize Royal Caribbean International to charge my credit card up to the amount of the full price of the cruise.

Signature: _____

Date: _____



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Passenger 4	
First Name (as in passport):	
Last Name (as in passport):	
Date of Birth:	
Citizenship:	
Passport expiration date:	
Street address:	
City, State, Zip:	
Phone:	
Fax:	
Email address:	
Stateroom Category:	
	<input type="checkbox"/> 2 Twin beds <input type="checkbox"/> Queen bed
Trip insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crown&Anchor membership number(if available):	
Dining preference:	<input type="checkbox"/> 6:00pm <input type="checkbox"/> 8:30pm
Yes, I would like to extend my vacation. Please sign me up for <input type="checkbox"/> Package #1 <input type="checkbox"/> Package #2 (it's optional; see website for details)	
Name on the credit card:	
Credit card number:	
Credit card expiration date:	
Please list any food allergies, dietary restrictions, special needs etc.	
Comments:	

I, _____, hereby authorize Royal Caribbean International to charge my credit card up to the amount of the full price of the cruise.

Signature: _____

Date: _____