



Registration Form
ESU 2025 National Patron Tour
Sea Cloud Spirit Naples to Malta,
July 6-14, 2025

Please complete and send this form with your deposit by check, credit card, Zelle or bank transfer to:
Rossana Ivanova, The English-Speaking Union of the United States, 144 East 39th Street, New York, NY 10016
Or by email to rivanova@esuus.org. Questions? Call (862) 224-4244

Please reserve _____ places for:

Tour Participant #1

Tour Participant #2

Preferred Name(s): _____

E-mail(s): _____

Cell/Mobile: _____

Address _____

City _____ State _____ Zip _____

A PASSPORT IS REQUIRED. Please provide the following information:

Passport Name _____

Passport Number _____
 (and citizenship if not USA)

Expiry: _____

Date of Birth _____

TOUR COST

The tour cost is based on accommodations on the Sea Cloud Spirit in a Deluxe Stateroom on a per person, double occupancy basis

SUBTOTALS

Per person @ **\$9,900** x _____ person/people _____
 Single supplement _____

ADD \$4,300 _____

Upgrade to Junior Veranda Suite

Per person @ **\$13,500** x _____ person/people _____
 Single supplement _____

ADD \$12,000 _____

TOTAL _____

For detailed information on the ship and staterooms, please visit:

<https://shorturl.at/xjXJT>

Travel insurance is the best way to protect your tour investment.
Information will be sent to you upon receipt of your Personal Tour Agreement.



DEPOSIT PAYMENT BY CHECK, CREDIT CARD, ZELLE OR BANK WIRE

Stateroom	Double Occupancy per person	Single Occupancy
Deluxe	\$2,000 p.p.	\$3,000
Junior Veranda Suite	\$3,000 p.p.	\$5,000

Note: Payment by credit card will incur a credit card convenience fee of 3.9%

Check enclosed (*payable to ESU USA*).

Please charge (provide card type and no.): _____

Expiry _____ Security Code _____

Name as it appears on the card (please print): _____

Signature _____

By ACH electronic transfer: Chase, 533 Third Avenue, NY, NY 10016
 Routing No. 021000021, Acct No. 722923262

Payments via Zelle:
 Email: adifilippo@esuus.org

INTERNATIONAL AIRFARE

I understand that airfare is not included.

TRIP INSURANCE

I understand that trip insurance is not included, and that I am responsible for purchasing it (not required, but strongly recommended).
Information regarding travel insurance will be sent upon receipt of your registration.

Dietary Restrictions (medical): Please indicate specific food allergies or other medical dietary restrictions.

Is there a special occasion that you would like to celebrate during the tour (birthday, anniversary)?

In case of emergency contact:

Name _____ Relationship _____ Phone/email: _____

USE OF IMAGE I grant permission to the ESU to use my likeness and/or image in photographs, video, recordings, or any other record for legitimate purposes. **Yes** **No**

I/We have read the attached Terms and Conditions, and Release from Liability, Assumption of Risk, and Binding Arbitration Clause, and agree to all therein.

Signature: _____ Date: _____

Signature: _____ Date: _____

With specific questions about the tour, please contact Rossana Ivanova at rivanova@esuus.org