Registration Form

ESU 2027 National Patron Tour aboard Sea Cloud Spirit
Palma de Mallorca to Casablanca, October 26 to November 4, 2027

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 @ **$10,990** x _____ person/people _____

Single supplement ADD $4,600 _____

Upgrade to Junior Veranda Suite

Per person @ **$14,990** x _____ person/people _____

Single supplement ADD $12,500 _____

TOTAL _____

The tax-deductible charitable portion of each fare regardless of accommodations category is $1,500 per person.
The English-Speaking Union is a 501(c)(3) not-for-profit organization, EIN 13-162-3995.

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