mobility questionnaire

Booking information



Our records indicate you will be traveling with a mobility device on your upcoming sailing. Please take a moment to fill out the below information so we can advise you further regarding appropriate arrangements for your cruise.

| le First | First name | | Middle name | | Last name | | Suffix | |
|----------------------|------------------------|-------------------------|----------------------------|----------------|-------------------|----------------|-------------------------|--|
| date Ship name | | Stateroor | n Category | Booking# | Embarkation po | ort Disen | Disembarkation port | |
| dicate what ty | pe of mobility device | e you will be trave | ling with on your o | cruise. Please | select all that a | apply. | | |
| Mobility | In | Indicate type of device | | | Device dimensions | | | |
| device | Standard | Heavy Duty | Collapsible (Yes or No) | Weight | Width | Height | Length | |
| Manual Wheelchair | | | | | | | | |
| ower Wheelcha | iir | | | | | | | |
| Scooter (3-whee | 1) | | | | | | | |
| Scooter (4-whee | 1) | | | | | | | |
| Walker / Rollato | r | | | | | | | |
| | if the mobility device | | | | | commode, etc.) | | |

Mobility devices with batteries must be a dry cell, gel, or lithium-ion type and must be stored and recharged in the stateroom. Mobility devices of any kind, like other items, may not be left outside the stateroom. Please be sure that your mobility equipment is no wider than 22" if booked in a standard cabin or no wider than 31" if booked in an accessible cabin.

| Please indicate the usage of your mobility device by selection Full-time use Frequent use Part-time use Di | |
|--|---|
| Are you able to negotiate steps on and off of | of a motorcoach? 🗆 Yes 🗆 No |
| If you answered no to the above question and a lift equippassenger and device | oped vehicle is required for transportation, please list combined weight of |
| Are you able to transfer from your device to | a seat? 🗆 Yes 🗆 No |
| Will you be traveling with a companion who | is able to assist you? ☐ Yes ☐ No |
| Pre- and Post-cruise programs If you are booked on a Cruisetour or pre or post cruise ho accessible hotel room. | tel stay (excluding Alaska Cruisetours), please let us know if you require an |
| I require Accessible hotel room? ☐ Yes ☐ I | No |
| If you require specific features in your room please list th | hem below. |
| If you are booked on an Alaska Cruisetour, please inform | n us regarding your room requirements below. |
| I require a ground floor lodge room (if eleva | |
| Other | |
| Please note, certain features may not be available at all h effort to accommodate your request. | otel properties and cannot be guaranteed; however, we will make every |
| Please return this questionnaire to the following address | at least 60 days prior to your departure. |
| Princess Cruises, Attention Access Office 24305 Town Center Drive, Santa Clarita, CA 91355 | Email: accessofficeprincess@princesscruises.com Fax: 661-284-4408 |

Note: At ports where a tender is used, wheelchair/scooter access is limited and disembarkation is at the discretion of the Captain.

Privacy notice: We respect your privacy and the personal information you provide us in this mobility questionnaire will be treated with our privacy policy. In order to facilitate your cruise, certain information may be required by and disclosed to certain organizations (e.g. fleet staff, or medical staff onboard) but only as necessary. You can access the personal information we have collected about you and obtain a copy of our privacy policy from our Privacy Officer. We will not be able to facilitate the booking, carriage and administration of your cruise if you do not provide us with all the information requested on this form.

