



Guest's Name:

Reservation ID:

Celebrity Cruises will operate and organize your cruise aboard one of our ships. In order to maximize your cruise vacation experience, Celebrity Cruises requires some of your data concerning required accommodations due to your disability or special needs.

For this purpose, we ask you to inform us of any accommodations needed due to your disability, special needs or dietary restrictions with the following Special Needs Form and to give us your consent for the respective use of this data:

We will use your data to adapt your cruise to your special needs. The specific use of your data depends on your needs and indications made in the Special Needs Form. For example, this use could include informing certain crew members of your mobility or dietary issues or that you may bring along a service dog or preparing special meals to meet your dietary requirements.

If you have booked a shore side tour or excursion, we will share your information with responsible tour operators if and to the extent necessary to enable your participation in the tour or to adapt the tour to your needs.

When we transfer your personal data to tour operators outside the EU/EEA, the laws and rules that protect your data, in such countries, may be different (or less protective) from your own country. For example, the circumstances in which law enforcement can access your personal data may vary from country to country. Of course, we will only share your data with tour operators that meet our strict requirements regarding the processing of your personal data.

Your consent declaration is **completely voluntary** and you may **revoke your consent** at any time. If you withhold or revoke your consent, this will not have any negative consequences for you. However, in this case, Celebrity Cruises will not be able to adjust your cruise to your special needs and you may not be able to partake in a shore side tour or excursion. Your revocation will not impact the legitimacy of the previous submission and the use of your data based on your initial declaration of consent.

You can find all further information on the processing of your personal data including your rights to access, rectification and erasure of your data in the most actual version of our <u>www.celebritycruises.com/privacy-policy</u>.

I hereby declare that I have read and understood this consent declaration and that

(1) I consent to the processing of data to adapt the cruise to my needs YES NO

(2) I consent to the transfer of data to tour operators in third countries outside the EU / EEA YES NO

Celebrity Guest Special Needs Form

In order to provide you with the best accessible cruise experience possible, please submit the Guest Special Needs Form at time of booking but no later than 30 days prior to sailing, except for sign language interpreting requests which must be submitted 60 days prior to sailing. This will allow us to make the necessary arrangements for your requested accommodations.

While we do not require information about the extent of your disability the more information we have, the better we will meet your specific needs. (*Required Fields)

* First Name or Forename:	* Last Name or Surname:			
* Email Address:				
* Country of Residence:	* Telephone Number:			
* Ship Name:				
□Celebrity Edge ^s	Celebrity Reflection®	Celebrity Xpedition®		
Celebrity Eclipse [®]	Celebrity Constellation®	□Celebrity Xperience [™]		
□Celebrity Equinox ^s	Celebrity Infinity®	□Celebrity Xploration [™]		
Celebrity Silhouette®	Celebrity Millennium®	Celebrity Flora ™		
Celebrity Solstice®	Celebrity Summit [®]			
* Sail Date:				
* Reservation Number :				
Accommodations:				
□Wheelchair Pier Assistance	□Large Print Materials	□Sign Language Services - American Sign Language		
□Cannot Ascend/Descend Steps	□Blind (optional)			
□Wheelchair Accessible Transfer	□Assistive Listening Device	□Sign Language Services - Tactile		
□Service Dog	□Portable Hearing Room Kit	□TTY (Teletypewriter)		

Sign Language Interpreting Services are available on cruises to/from U.S. and Canada only. Requests must be made 60 days prior to sailing.

Stateroom:

Need accessible stateroom with roll-in shower? \Box Yes \Box No

I currently have an accessible stateroom booked and I require this stateroom because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom.

I do not currently have an accessible stateroom with roll-in show booked but I need one because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom.						
Accessible staterooms are subject to	availability.	□ Yes	□ No			
\Box Raised toilet seat	□Comr	node chair		□ Shower stool		
□Mini-refrigerator Hotel Room:	□Sharp	os container				
For pre/post-cruise hotels and Cruise	tours, based o	on availability				
\Box Accessible hotel room with roll-in s	hower					
\Box Accessible hotel room with tub						
Bringing Equipment:						
□ Manual Wheelchair Help	□Powe	r Wheelchair	Help			
□Power Scooter Help		/BIPAP mach	ine			
* Wheelchair and Scooters must fit th staterooms. Standard stateroom door	-					
Please complete all details and dime stateroom and if applicable for trans				ent can be accommodated in the		
Is your wheelchair or scooter: \Box fo	lding 🗌	non-folding	[select one]			
Is your wheelchair or scooter battery:	\Box gel ce	ll 🗌 dry	cell 🛛 🗆 wet cell	[select one]		
What are the dimensions (in inches) of	of your wheel	chair or scoot	er?			
Width Leng	gth		Height	Weight (lbs)		
What are the combined dimensions o	f the guest ar	nd equipment	?			
Height (inches)	Weig	ght (lbs)				
Note : At certain ports of call, gangwa the ship. Power wheelchair and mobi more information see www.celebritye	lity scooters n	nay not be ta	-			
Oxygen/Dialysis:						

□Carrying oxygen onboard	\Box Oxygen delivered by vendor
Carrying peritoneal dialysis	\Box Peritoneal dialysis supplies delivered by vendor
Oxygen Vendor Name	

Vendor Phone Number:							
Dialysis Vendor Name:							
Vendor Phone Number:							
If you require any form of hemo-dialysis, please consult our Access Department for assistance.							
Medical Related Dietary Requests:							
□Regular soy milk		Regular Vanilla Ensure [®] qu	antity (8oz cans)				
□Regular lactose-free milk							
Accessible Shore Excursions:							
Would you like to book accessible shore excursions?	□ Yes	□ No					
If yes, please contact our accessible shore excursions tea excursions.	im at shore	xaccess@celebritycruises.c	com to arrange your				
Can you do minimal walking? 🛛 Yes 🗌 No							
Are you traveling with a companion who can assist you?	□Yes	S □ No					
Are you able to transfer from a wheelchair to a seat?	□Yes	□ No					

Note: the above information will be passed along to our Accessible Shore Excursions team. Be sure to complete the Bringing Equipment section so we can ensure the tour operator will be able to accommodate your mobility equipment.

\Box Other

Please List Other Here (including Allergies). We are unable to guarantee an allergy free environment, however, we can make reasonable accommodations for your allergies. Please note not all disability and dietary requests may be able to be accommodated.

For your convenience, you may attach additional correspondence to your message.

For more information contact our Access Department at (866) 592-7225 (voice) or local number (954) 628-9708, fax (954) 628-9622, send an e-mail to special_needs@celebrity.com, or have your local Travel Agent or International Representative contact us.