

HIGH SEAS RALLY DIALYSIS FUND APPLICATION

To be considered for the 2025 sailing, please complete the application in its entirety, as incomplete applications will not be considered. Applications can be submitted online or mailed to the address listed below:

Entertainment Cruise Productions
C/O High Seas Rally Dialysis Fund
120 S. Central Ave., Suite 135
Clayton, MO 63105

The online application process will close on XX and all mailed applications must be postmarked no later than XX. Guests pre-selected to participate in the 2025 *High Seas Rally* Dialysis Fund program will be notified on or before XX. Please note, being pre-selected does not guarantee eligibility to participate. All pre-selected guests will be required to complete a comprehensive medical review and provide final recommendations from the applicant's Nephrologist, Social Worker and our partners at Dialysis at Sea. *Please note, High Seas Rally Dialysis Fund does not provide treatment for those on peritoneal dialysis.*

Dialysis Guest Information

LEGAL FIRST NAME

LEGAL LAST NAME

NICKNAME/PREFERRED NAME

DATE OF BIRTH (MM/DD/YYYY)

GENDER (AS LISTED ON TRAVEL DOCUMENTS)

CELL PHONE #

HOME PHONE #

WORK PHONE #

EMAIL

STREET ADDRESS

CITY

COUNTRY

STATE

ZIP CODE

CITIZENSHIP

UNISEX T-SHIRT SIZE (S, M, L, XL, 2XL, 3XL, 4XL, 5XL, 6XL)

DO YOU HAVE A PASSPORT VALID THROUGH 5/9/2026?

☐

YES

☐

NO

WILL YOU BE TRAVELING WITH A COMPANION?

☐

YES

☐

NO

☐

UNSURE

IF YES, PLEASE FILL OUT THE DIALYSIS GUEST COMPANION SECTION ON PAGE 4

Dialysis Information

NAME OF DIALYSIS UNIT

DIALYSIS UNIT PHONE #

DIALYSIS UNIT STREET ADDRESS

COUNTRY

STATE

ZIP CODE

NAME OF SOCIAL WORKER

SOCIAL WORKER PHONE #

SOCIAL WORKER EMAIL

1. HOW LONG HAVE YOU BEEN ON HEMODIALYSIS (EXAMPLE: SINCE AUGUST 2023)

2. ARE YOU AN IN-CENTER HEMODIALYSIS PATIENT?

☐ YES
☐ NO

3. ARE YOU A HOME HEMODIALYSIS PATIENT?

☐ YES
☐ NO

4. WHAT DAYS OF THE WEEK DO YOU RECEIVE DIALYSIS TREATMENTS? (EXAMPLE: MON, WED, FRI)

5. WHAT TIME OF THE DAY DO YOU RECEIVE DIALYSIS TREATMENTS? (EXAMPLE: 1:00 PM - 4:00 PM)

6. DO YOU HAVE TO BE ISOLATED IN YOUR DIALYSIS UNIT?

☐ YES
☐ NO

7. ARE YOU ABLE TO PROVIDE A NEGATIVE HEPATITIS B ANTIGEN STATUS WITHIN 6 MONTHS OF THE CRUISE DATE?

☐ YES
☐ NO

8. DO YOU REQUIRE THE USE OF OXYGEN AT HOME?

☐ YES
☐ NO

9. DO YOU REQUIRE THE USE OF OXYGEN (EVEN FOR COMFORT) DURING YOUR DIALYSIS TREATMENTS?

☐ YES
☐ NO

10. DO YOU HAVE YOUR OWN OXYGEN CONCENTRATOR?

☐ YES
☐ NO

11. IF SELECTED, WILL YOU BE PROVIDING YOUR OWN OXYGEN CONCENTRATOR ON THE CRUISE?

- ☐ YES
☐ NO
☐ UNSURE

12. IF SELECTED, WILL YOU NEED TO RENT AN OXYGEN CONCENTRATOR ON THE CRUISE?

- ☐ YES
☐ NO
☐ UNSURE

13. DO YOU REQUIRE THE USE OF OTHER MEDICAL EQUIPMENT?

- ☐ YES
☐ NO

14. DO YOU HAVE ANY MEDICALLY RELATED DIETARY RESTRICTIONS OR FOOD ALLERGIES?

- ☐ YES
☐ NO

Additional questions

1. HAVE YOU PREVIOUSLY SAILED ON *HIGH SEAS RALLY* AS A DIALYSIS GUEST?

- ☐ YES
☐ NO

2. HOW DID YOU HEAR ABOUT THE *HIGH SEAS RALLY* DIALYSIS FUND PROGRAM?

3. DO YOU REQUIRE THE USE OF A WHEELCHAIR, MOTORIZED SCOOTER, OR ANY OTHER ASSISTED MOBILITY DEVICE?

- ☐ YES
☐ NO

4. IF SELECTED, WILL YOU BE PROVIDING YOUR OWN MOBILITY DEVICE ON THE CRUISE?

- ☐ YES
☐ NO
☐ NOT APPLICABLE

5. IF SELECTED, WILL YOU NEED TO RENT A MOBILITY DEVICE ON THE CRUISE?

- ☐ YES
☐ NO
☐ NOT APPLICABLE

6. ARE YOU ABLE TO NAVIGATE STEPS?

- ☐ YES
☐ NO

7. IS THERE ANYTHING ELSE YOU WOULD LIKE US TO BE AWARE OF?

Dialysis Guest Companion Information

LEGAL FIRST NAME

LEGAL LAST NAME

NICKNAME/PREFERRED NAME

DATE OF BIRTH (MM/DD/YYYY)

GENDER (AS LISTED ON TRAVEL DOCUMENTS)

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CITIZENSHIP

UNISEX T-SHIRT SIZE (S, M, L, XL, 2XL, 3XL, 4XL, 5XL, 6XL)

DO YOU HAVE A PASSPORT VALID THROUGH 5/9/2026?

☐

YES

☐

NO