

“Keeping The Memory Alive”

D-DAY NORMANDY 70th ANNIVERSARY TOUR*Escorted by Martin and Helen Boomsma***Enter your COMPLETE NAME (please enclose a copy of the photo page of your passport)****①** Mr / Mrs / Ms

(Circle one)

Last Name:

First:

Middle:

Date of Birth (Day/Month/Year)

② Mr / Mrs / Ms

(Circle one)

Last Name:

First:

Middle:

Date of Birth (Day/Month/Year)

Address:

Apt. #

Town

Province

Postal Code

Home Phone:

Bus. Phone or Fax: (indicate which)

E-mail:

Indicate your preference: Twin-bedded (2 beds) accommodation Double-bedded (1 bed) accommodation
(This would be a request only! The hotels will do their best to accommodate your preference but cannot guarantee room type!)

 I would like to book one of the **limited single rooms** at an additional cost of **\$ 995.00**

Airline and Travel Information:

Special Needs:

Passenger **①** Diet: _____Wheelchair for distance/stairs at airports - Yes Passenger **②** Diet: _____Wheelchair for distance/stairs at airports - Yes Medical Information: **①** _____ **②** _____

If you would prefer your NAME BADGE to show your name differently than the official name needed for the tickets, please fill in the information below:

Passenger **①** _____ Passenger **②** _____

Emergency Contact in Canada:

Last Name:

First:

Relationship

Town

Province

Home Phone

Bus. Phone

Insurance:

In order to cover yourself against cancellation and/or hospital /medical costs we strongly recommend that you purchase either all-inclusive or non-medical insurance for this trip!

All-Inclusive Insurance - includes Out of Country Medical, Travel Cancellation and Trip Interruption, Travel Accident, Baggage and Personal effects insurance

Non-Medical Insurance - same as above except there is **NO** Out of Country Medical Insurance!

The premiums are listed below. You can choose either all-inclusive or non-medical insurance. For passengers **85 years or over**, please call for rates.

Age at Time of Booking	Insurance Type	All-Inclusive	Non-Medical	With Single Supplement All-Inclusive	With Single Supplement Non-Medical
	0 – 59 years		\$295.00	\$255.00	\$340.00
60 – 64 years		\$360.00	\$290.00	\$415.00	\$345.00
65 – 69 years		\$445.00	\$325.00	\$510.00	\$390.00
70 – 74 years		\$595.00	\$375.00	\$670.00	\$450.00
75 – 79 years		\$730.00	\$515.00	\$820.00	\$600.00
80 – 84 years		\$920.00	\$625.00	\$1,020.00	\$720.00
85 plus		\$1,090.00	\$700.00	\$1,200.00	\$805.00

The insurance premium is non-refundable, as soon as payment has been received.

If you have any travel insurance through your credit card company or elsewhere, please make sure that you have sufficient coverage!

If you choose not to purchase the offered insurance you must sign and date the waiver below!

I, the undersigned, have refused the purchase of insurance offered by Verstraete Travel and Cruises and therefore, will not hold Verstraete Travel and Cruises responsible for any penalties or expenses incurred if I have to cancel or become ill on the trip.

Signature

Date

Deposit Information:

			# of passengers		
Tour deposit	\$850.00	x	_____	=	_____
Insurance passenger ①		x	1	=	_____
Insurance passenger ②		x	1	=	_____
Credit Card fee	\$100.00	x	_____	=	_____
Total Deposit	\$				_____

Payment by: **Cheque** Payable to Verstraete Travel & Cruises **Credit Card** Fill out information below

Credit Card Information:

(if applicable)

Type of Card

Card Number

Expiry Date

\$

Amount of Deposit

Name as it reads on the card

Signature

Deposit:

\$850 per person deposit at the time of booking **plus** your insurance payment and credit card service fee, if applicable.

Balance due:

March 15, 2014

All "General Terms and Conditions" as stated on the "Keeping the Memory Alive" 2014 brochure apply.

Application Date: _____

Signature: _____

Mail booking form and deposit to:

Verstraete Travel & Cruises

300 - 14845 Yonge Street, Aurora, ON L4G 6H8

416-969-8100 1-800-565-9267 or fax 905-727-8113

email: aurora@verstraete.com

website: www.verstraetetravel.com