

Holland Liberation Celebration 2015

Enter your COMPLETE NAME (please enclose a copy of the photo page of your passport)

① Mr/Mrs/Ms

Title(Please circle)

Last Name:

First:

Date of Birth (Day/Month/Year)

E-mail:

② Mr/Mrs/Ms

Title(Please circle)

Last Name:

First:

Date of Birth (Day/Month/Year)

Address:

Apt. #

Home Phone:

Town

Province

Postal Code:

Bus. Phone or Fax:

(indicate which)

Veteran Information: Name of Veteran _____ Relationship to Veteran being represented: _____
(either yourself or the veteran whom you are representing)

Service Number

Unit

Division

Rank on Discharge

Host Town Preference: ☐ None ☐ Apeldoorn ☐ Zutphen ☐ Deventer ☐ Nijverdal

If you have been invited to stay with a past host family, please provide the name, address and phone number on a separate sheet.

If there are 2 passengers travelling, please indicate below:

Preference: ☐ 1 Room, 1 Bed ☐ 1 Room, 2 Beds ☐ 2 Rooms (This is not a guarantee, but a guideline for your hosts)

Relationship of Passenger ① to Passenger ②: _____ (This information is for your hosts)

Please indicate if it is important that you have a: ☐ smoking ☐ non-smoking home ☐ doesn't matter ☺

Post Tour Options: Please check the appropriate box if you would like to book a tour after the main program

(Prices based on double occupancy – limited availability for single rooms – single rate upon request)

☐ DUSSELDORF \$995pp ☐ NORMANDY & PARIS \$1785pp ☐ SCENIC RHINE CRUISE from \$3,200pp

Airline and Travel Information: All flights depart from Toronto Pearson Airport

☐ We would like a connecting flight to Toronto from: _____ (Fares will be available after the new year)

Please do not book any connecting flight to Toronto until we have confirmed the flight number and time of your transatlantic flight.

Additional fees apply if you are deviating from the group tour travel dates

Special Needs:

① Diet: _____



Wheelchair

☐ No

☐ yes, for distance/stairs only

② Diet: _____



Wheelchair

☐ No

☐ yes, for distance/stairs only

Medical Information: ① _____ ② _____

Name Badge: 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 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.

Age at time of Booking	All Inclusive Insurance Rates			Non-Medical Insurance Rates			Rates for Host or Hotel and Rhine Cruise will be quoted on an Individual basis
	Host Stay	Host plus Dusseldorf	Host plus Normandy & Paris	Host Stay	Host plus Dusseldorf	Host plus Normandy & Paris	
0 – 59 years	\$150.00	\$210.00	\$250.00	\$115.00	\$165.00	\$205.00	
60 – 64 years	\$175.00	\$250.00	\$305.00	\$135.00	\$185.00	\$230.00	
65 – 69 years	\$225.00	\$305.00	\$370.00	\$140.00	\$195.00	\$255.00	
70 – 74 years	\$375.00	\$440.00	\$510.00	\$155.00	\$225.00	\$290.00	
75 – 79 years	\$470.00	\$550.00	\$635.00	\$240.00	\$340.00	\$420.00	
80 – 84 years	\$620.00	\$720.00	\$815.00	\$315.00	\$435.00	\$520.00	
85 and above	\$740.00	\$860.00	\$975.00	\$365.00	\$490.00	\$580.00	

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 travel 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 Calculation:

			# of passengers		
Main Tour deposit	\$ 400	x	_____	=	_____
Post Tour deposit	\$ 200	x	_____	=	_____
Insurance passenger ❶	\$	x	1	=	_____
Insurance passenger ❷	\$	x	1	=	_____
Credit Card Fee (if applicable)	\$60 or \$100	x	_____	=	_____
(Enter the appropriate credit card fee as per terms and conditions on back of brochure)					

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 Signature

Payment Schedule: Deposit: Total Deposit as calculated above is due at the time of booking which includes your post our deposit, insurance premium and credit card fee if applicable **Balance due: February 15, 2015**

All "General Terms and Conditions" as stated on the Holland Liberation Celebration 2015 brochure apply.

Application Date: _____ **Signature:** _____

By submitting and signing this application, I acknowledge that all passengers are medically fit to travel. I/we will notify Verstraete Travel if there is any change in my/our medical condition which would affect my/our ability to travel.

Mail booking form and deposit information to:

Verstraete Travel & Cruises

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

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