

BATTLEFIELDS OF EUROPE TOUR 2014 August 18 - 29, 2014

Tour Price: \$3,350pp

+ \$555pp tax based on double occupancy

Organized by: Verstraete Travel and Cruises

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

| 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: |
| (This wou | | | | dded (1 bed) accommodation ce but cannot guarantee room type) |
| Airline an | | nation: (Special Need | ls) | |
| Passenger ① | Diet: | | Wheelchair for d | listance/stairs at airports - Yes□ |
| Passenger ② Diet: Wheelchair for distance/stairs at airpo | | | | |
| Medical Inforn | nation: ① | | .0 | |
| | prefer your NAME B | SADGE to show your na | ame differently than the off | ficial name needed for the tickets, |
| Passenger 1 |) | Pa | assenger 2 | |
| Emergen | cy Contact in C | anada: | | |
| Last Name: | First: | | Relationship | |
| Town | | Province | Home Phone | Rus 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.

| ng | Insurance Type | All-Inclusive | Non-Medical |
|-----------------|-------------------|---------------|-------------|
| Time of Booking | 0 – 59 years | \$285.00 | \$240.00 |
| | 60 – 64 years | \$345.00 | \$270.00 |
| | 65 – 69 years | \$425.00 | \$305.00 |
| | 70 – 74 years | \$570.00 | \$350.00 |
| | 75 – 79 years | \$705.00 | \$485.00 |
| at | 80 – 84 years | \$890.00 | \$595.00 |
| Age | 85 plus | \$1,060.00 | \$665.00 |

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.

| | refused the purchase | of insuranc | e offe | red by Verstra | ete Travel | and Cruises and therefore, will not hold ncel or become ill on the trip. | |
|---|--------------------------------------|--------------|------------|-------------------------------|------------|--|--|
| | Sign | ature | | | | Date | |
| Deposit Informa | ntion: | | | # of passengers | | | |
| Tour deposit | | \$700.00 | х | | = | | |
| Insurance passenger ① | | 1 | Х | | = | | |
| Insurance passenger 2 | | 1 | Х | | = | | |
| | Credit Card fee | \$95.00 | х | | = | | |
| | (if applicable) | | To | tal Deposit | \$ | | |
| Payment by: Cheque Credit Card Informatio (if applica | on: | | | ruises Cred i | it Card ☐ | Fill out information below Expiry Date | |
| Amount of Deposit | _ | | Signat | ture | | | |
| Deposit: \$700 per person deposit at the time of booking plus your insurance payment and credit card service fee, if applicable. | | | | | | | |
| Balance due: All "General Terms an | June 01, 2014 od Conditions" as s | tated on the | Battl | lefields of Eur | ope Toui | r 2014 brochure apply. | |
| Application Date: | | | Signature: | | | | |
| Mail booking form a | nd deposit to: | | | Travel & Cru 14845 Yonge S | | ra, ON L4G 6H8 | |

416-969-8100 1-800-565-9267 or fax 905-727-8113 email: aurora@verstraete.com www.verstraetetravel.com