

**HOLLAND LIBERATION 72nd ANNIVERSARY**

April 28 – May 7, 2017      Welcome Again Veterans

*Organized by: Verstraete Travel and Cruises*

Tour Price: \$1395.00 plus tax per person – Host Family Stay  
 \$2190 plus tax per person (based on double occupancy) – Hotel Stay

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:

Cell Phone:

E-mail:

**WWII Veterans** (and a travel companion), their spouses and those who have a family member buried in Holland are invited to stay with a host family. If you are eligible and would prefer to stay with a family, please fill out the following information:

Name of Veteran \_\_\_\_\_ (either yourself or the veteran whom you are representing)

Service Number

Unit

Division

Rank on Discharge

**Hosting Information:**

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 your host's home is: smoking ☐      non-smoking ☐      doesn't matter ☐

**Hotel Information:** Those who are not eligible for a host family stay will be accommodated at the Gilde Hotel which is a 3 star hotel located in the centre of Deventer. It is a historic building set in a beautiful garden. **THE ADDITIONAL COST OF STAYING AT THE HOTEL IS \$795.00 per person based on double occupancy.** This will make the tour price **\$2190 plus tax per person.** Single supplement upon request.

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)

**Airline and Travel Information: All flights depart from Toronto Pearson International 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.**

**Special Needs:**

❶ Diet: \_\_\_\_\_ Wheelchair No ☐ yes, for distance/stairs ☐

❷ Diet: \_\_\_\_\_ Wheelchair No ☐ yes, for distance/stairs ☐

Medical Information: ❶ \_\_\_\_\_ ❷ \_\_\_\_\_

***If traveling is difficult for you and you require assistance in getting around or walking, you will need to provide a travel companion who can assist you.***

**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 ❶ \_\_\_\_\_ Passenger ❷ \_\_\_\_\_

**Emergency Contact in Canada:**

Last Name: _____		First: _____	Relationship _____	
Town _____	Province _____	Home Phone _____	Bus. Phone _____	

**Insurance:**

***In order to PROTECT 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 Emergency Medical, Travel Cancellation and Trip Interruption, Travel Accident, Baggage and Personal effects insurance

**Non Medical Insurance** - same as the all-inclusive insurance **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**

Insurance Type	HOST Stay All-Inclusive	HOST Stay Non- Medical	HOTEL Stay All-Inclusive	HOTEL Stay Non- Medical
<b>0 – 59 years</b>	245	200	295	240
60 – 64 years	290	210	355	270
<b>65 – 69 years</b>	340	235	420	305
70 – 74 years	480	265	580	350
<b>75 – 79 years</b>	550	505	640	600
80 – 84 years	725	675	820	775
<b>85 Plus</b>	925	870	1030	970

**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

# of passengers

**Deposit Information :**

Tour deposit \$ 400.00 x \_\_\_\_\_ = \_\_\_\_\_

Insurance passenger ❶ \$ \_\_\_\_\_ x 1 = \_\_\_\_\_

Insurance passenger ❷ \$ \_\_\_\_\_ x 1 = \_\_\_\_\_

Credit Card Fee (per person) \$ 50.00 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

\_\_\_\_\_  
Signature

**Deposit:** **\$400 per person** is due at the time of booking **plus your insurance payment** (if applicable).

**Balance due:** **February 10, 2017**

***All "General Terms and Conditions" as stated on the Holland Celebration Tour 2017 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**  
**email: [aurora@verstraete.com](mailto:aurora@verstraete.com)**