



**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:**

① Diet: \_\_\_\_\_ Wheelchair No  yes, for distance/stairs

② Diet: \_\_\_\_\_ Wheelchair No  yes, for distance/stairs

Medical Information: ① \_\_\_\_\_ ② \_\_\_\_\_

***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 ① \_\_\_\_\_ ② \_\_\_\_\_

**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.

<b>Age at Time of Booking</b>	<b>Insurance Type</b>	<b>HOST Stay All-Inclusive</b>	<b>HOST Stay Non-Medical</b>	<b>HOTEL Stay All-Inclusive</b>	<b>HOTEL Stay Non-Medical</b>
	<b>0 – 59 years</b>	185	165	220	195
60 – 64 years	210	180	255	215	
<b>65 – 69 years</b>	265	185	320	235	
70 – 74 years	360	215	425	270	
<b>75 – 79 years</b>	455	345	535	410	
80 – 84 years	595	455	375	515	
<b>85 Plus</b>	650	510	735	580	

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 Information :	# of passengers			
Tour deposit		\$ 400.00 x _____	=	_____
Insurance passenger 1		\$ _____ x 1	=	_____
Insurance passenger 2		\$ _____ x 1	=	_____
Credit Card Fee (per person)		\$ 50.00 x _____	=	_____
<b>Total Deposit:</b>				\$ _____

**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
\$ _____	Signature	
Amount of Deposit		

**Deposit:** \$400 per person is due at the time of booking plus your insurance payment (if applicable).  
**Balance due:** February 28, 2018

**All "General Terms and Conditions" as stated on the Holland Celebration Tour 2018 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)**