

Oberammergau 2010 Passion Play Tour

Escorted by Karen & Stephen Bach

July 6 – July 14, 2010

Organized by: Verstraete Travel and Cruises

Enter your Last and First Name below (as it appears in your passport)

① Mr/Mrs/Ms. _____
 (Circle one) Last Name: _____ First: _____ Date of Birth (Day/Month/Year) _____

② Mr/Mrs/Ms. _____
 (Circle one) Last Name: _____ First: _____ 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 (2beds) accommodation double-bedded (1 bed) accommodation
(This is not a guarantee, only a request. The hotels will do their best to accommodate your preference but cannot guarantee room type.)

Airline and Travel Information: (Please check ONE option below)

Yes, we would like to book the group flight with Verstraete Travel (Details TBA) **No**, we will book our own flight
 Yes, we would like a trip extension One week Two weeks (Upon airline confirmation. Extras fees may apply)

Special Needs: Passenger ① Diet: _____ Wheelchair for distance/stairs at airports – Yes
 Passenger ② Diet: _____ Wheelchair for distance/stairs at airports – Yes

Medical Information: (Indicate any information of which the tour escort and/or hotels should be aware)

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 _____ Business 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.

Age at Time of Booking	<i>Insurance Type</i>	<i>All-Inclusive Land pkg. only</i>	<i>Non-Medical Land pkg. only</i>
	0 – 59 years	\$185	\$170
	60 – 64 years	\$215	\$190
	65 – 69 years	\$270	\$210
	70 – 74 years	\$350	\$240
	75 – 79 years	\$380	\$345
	80 – 84 years	\$475	\$435
	85 plus	\$520	\$490

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

Payment Calculation:

		# of passengers		
Deposit	\$ 750.00	x _____	=	_____
Insurance passenger ①	\$ _____	x 1	=	_____
Insurance passenger ②	\$ _____	x 1	=	_____
Credit Card processing fee	\$ 90.00	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 _____

Balance is due April 2, 2010
All "General Terms and Conditions" as stated on the Oberammergau Passion Play Tour 2010 brochure apply.

Application Date: _____ **Signature:** _____

Mail booking form and payment information to:

Verstraete Travel & Cruises
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 email: aurora@verstraete.com
 website: www.verstraetetravel.com