

# "Battlefields of Europe Tour 2010"

## July 2 and July 23, 2010

Tour Escort: John Hetherington

Organized by: Verstraete Travel and Cruises

Indicate your preferred Tour: \_\_\_\_\_ July 2 – 13, 2010 or \_\_\_\_\_ July 23 – August 3, 2010

**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 (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!)

I would like to book one of the **limited single rooms** at an additional cost of **\$ 750.00**

### Airline and Travel Information:

#### Special Needs:

Passenger ① Diet: \_\_\_\_\_



Wheelchair for distance/stairs at airports - Yes

Passenger ② Diet: \_\_\_\_\_



Wheelchair for distance/stairs at airports - Yes

Medical Information: 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 \_\_\_\_\_

Bus. 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. For passengers **85 years or over**, please call for rates.

Age at Time of Booking	Insurance Type	All-Inclusive	Non-Medical	With Single Supplement All-Inclusive	With Single Supplement Non-Medical
	0 – 59 years		\$210.00	\$ 180.00	\$240.00
60 – 64 years		\$255.00	\$ 200.00	\$295.00	\$ 245.00
65 – 69 years		\$310.00	\$ 220.00	\$365.00	\$ 270.00
70 – 74 years		\$430.00	\$ 250.00	\$490.00	\$ 310.00
75 – 79 years		\$460.00	\$ 360.00	\$535.00	\$ 425.00
80 – 84 years		\$585.00	\$ 445.00	\$680.00	\$ 525.00
85 plus		\$705.00	\$ 500.00	\$820.00	\$ 585.00

**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 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	\$700.00	x	_____	=	_____
Insurance passenger ①	1	x	_____	=	_____
Insurance passenger ②	1	x	_____	=	_____
Credit Card fee	\$75.00	x	_____	=	_____
<b>Total Deposit</b>	<b>\$</b>				<b>=====</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

\$

\_\_\_\_\_ Amount of Deposit

\_\_\_\_\_ Signature

### Deposit:

**\$700 per person** deposit at the time of booking **plus** your insurance payment and credit card service fee, if applicable.

### Balance due:

**May 1, 2010**

**All "General Terms and Conditions" as stated on the "Battlefields of Europe" 2010 brochure apply.**

Application Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail booking form and deposit 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)

website: [www.verstraetetravel.com](http://www.verstraetetravel.com)