

“Keeping The Memory Alive”

Holland Liberation, Vimy and Flanders Fields Tour

Hosted by Martin and Helen Boomsma

April 29 - May 10, 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 (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 **\$ 995.00**

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 | | \$219.00 | \$191.00 | \$258.00 |
| 60 – 64 years | | \$267.00 | \$214.00 | \$316.00 | \$263.00 |
| 65 – 69 years | | \$329.00 | \$238.00 | \$387.00 | \$296.00 |
| 70 – 74 years | | \$451.00 | \$269.00 | \$519.00 | \$337.00 |
| 75 – 79 years | | \$485.00 | \$382.00 | \$573.00 | \$459.00 |
| 80 – 84 years | | \$620.00 | \$474.00 | \$727.00 | \$561.00 |
| 85 plus | | \$746.00 | \$530.00 | \$872.00 | \$627.00 |

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 | \$800.00 | x | _____ | = | _____ |
| Insurance passenger ① | 1 | x | _____ | = | _____ |
| Insurance passenger ② | 1 | x | _____ | = | _____ |
| Credit Card fee | \$85.00 | 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: **\$800 per person** deposit at the time of booking **plus** your insurance payment and credit card service fee, if applicable.

Balance due: **February 26, 2010**

All "General Terms and Conditions" as stated on the "Keeping the Memory Alive" 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

website: www.verstraetetravel.com