

HOLLAND LIBERATION 75th ANNIVERSARY

May 1-11, 2020 Welcome Again Veterans

Organized by: Verstraete Travel and Cruises

Tour Price: \$1375.00 plus tax of \$595 per person – Host Family Stay

Hotel Stay option – Details below

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 spouse, children and grandchildren 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

Host Stay:

Host Town Preference None Apeldoorn Zutphen Deventer Nijverdal/Hellendoorn Almelo

If you have been invited to stay with a past host family, please provide the name, address and phone number on a separate sheet.

If there are 2 passengers travelling, please indicate your preferences below:

1 room, 1 bed 1 room, 2 beds 2 rooms (this is not a guarantee, but a guideline for the host)

Relationship of Passenger 1 to Passenger 2 _____ (This is information for your host)

Hotel Stay:

For those who prefer to stay in a hotel, indicate your preference (see the brochure for details)

- Zutphen **\$850** per person based on double occupancy
 - Deventer **\$975** per person based on double occupancy
 - Almelo **\$975** per person based on double occupancy
- Single supplement upon request

Post Tour:

I/We are interested in the post tour to Belgium and France. Additional cost \$1950 per person based on double occupancy

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

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.

Age at Time of Booking	Insurance Type	HOST Stay All-Inclusive	HOST Stay Non-Medical	HOTEL Stay All-Inclusive	HOTEL Stay Non-Medical
	Up to 59	\$215	\$170	\$280	\$230
60 to 64	\$255	\$185	\$340	\$260	
65 to 69	\$320	\$195	\$415	\$280	
70 to 74	\$460	\$220	\$575	\$320	
75 to 79	\$575	\$340	\$720	\$475	
80 to 84	\$760	\$460	\$935	\$600	
85 to 89	\$915	\$510	\$1,120	\$660	

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 :

Tour deposit	\$ 400.00 x _____	# of passengers _____	= _____
Insurance passenger 1	\$ _____ x _____	1	= _____
Insurance passenger 2	\$ _____ x _____	1	= _____
Credit Card Fee (per person)	\$ 60.00 x _____		= _____
Total Deposit:			\$ _____

Payment by:

Cheque Payable to Verstraete Travel & Cruises **E transfer** **Credit Card** Fill out information below

Credit Card Information: (if applicable)

_____ _____ _____ _____
Type of Card Card Number Expiry Date CVV (#s on back of card)

\$ _____ _____
Amount of Deposit Signature

Deposit: **\$400 per person** is due at the time of booking **plus your insurance payment** (if applicable).
Balance due: **February 07, 2020**

All "General Terms and Conditions" as stated on the Holland Celebration Tour 2020 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 or email booking form and deposit information to:

Verstraete Travel & Cruises
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