PASSENGER INFORMATION FORM

Reference No: 11.16.0022

Tour Title: Dieppe 75 Departure date: August 17, 2017 Group Leader: Gary McKay

Please enter your details in the boxes below. Once completed, please return the form to your Group Leader with your payment as soon as possible.

All details are provided in the strictest confidence.

Please reserve ……………..place(s) for the following persons on the above tour.

Room requirements (please circle your choice): Twin – Double - Single (supplement payable). All room types are subject to availability.

Passenger details:

Please complete each passengers name as it is shown on their passports.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | First Name(s) | Surname | Date of Birth | Special/Dietary Requirements |  | Day of Departure contact telephone number |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Emergency contact details: Don’t’ forget to put the link to you (eg: husband/wife/brother/son/daughter etc…)

|  |  |  |
| --- | --- | --- |
|  | Passenger 1 | Passenger 2 |
| Next of kin/Emergency contact name |  |  |
| Telephone number |  |  |

Passport details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name as shown on Passport | Passport Number | Nationality, Place of issue /Authority | Town of birth | Issue date | Expiry date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Travel Insurance:

Trip cancellation insurance and extended medical coverage are strongly recommended, as soon as your booking is confirmed. If you have an existing insurance policy or have arranged your own cover, please provide the following details:

|  |  |  |
| --- | --- | --- |
|  | Passenger 1 | Passenger 2 |
| Insurance company name |  |  |
| Policy Number |  |  |
| Emergency Medical Rescue Company Name |  |  |
| Emergency Medical Rescue Company Tel No. |  |  |

|  |
| --- |
| Final Balance is due on or before May 15, 2017:Payment will be accepted by PayPal, Bank Wire Transfer or by cheque to be made payable to Canadian Battlefield Tours. PayPal payments incur a fee of 3% |

Customer Declaration:

I warrant that I am authorized to make this booking and that I have read, understood and accept for myself and all others named above the Booking Conditions. I am 18yrs old or over (if under 18yrs old, this booking form must be signed by your Parent/Guardian).

Signed: Date: