

# Registration Form for the Netherlands Liberation Tour May 2 – 10, 2010

I/we like to book:

Legal name (as it appears in passport)

1. \_\_\_\_\_ Date of birth \_\_\_\_\_  
Title First Middle Last Y M D

2. \_\_\_\_\_ Date of birth \_\_\_\_\_  
Title First Middle Last Y M D

Name you would like on your name badge

1. \_\_\_\_\_ 2. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

\$1000 deposit per person due upon registration plus the optional, but highly recommended insurance premium. Final payment is due by March 1, 2010.

I prefer single accommodation at an additional \$645 premium (limited availability) Yes / No  
(please circle choice)

I/we require:

- Cancellation/interruption insurance protection in the event of unforeseen medical circumstances Yes / No
- Unlimited emergency medical insurance, baggage, air accident etc. only Yes / No

Premium is based on needs, duration and price of the tour and your age; please consult Ineke

Sharing room with: \_\_\_\_\_ (form sent separately)

Special medical diet needs: \_\_\_\_\_ Comments: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relation: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

I/we authorize Brinkman Travel to add 3% to the cost as I/we prefer to pay by credit card:

Credit card number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ 3 digit security code (on back of card): \_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

My signature below indicates that I have read and agree to the terms and conditions on the reverse side of this form.

All passengers must sign this form.

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or deliver to: Brinkman Travel Inc, 8 Duke Street, St. Catharines, ON L2R 5W3**

Enclosed is a photocopy of the title page from my current passport and cheque in the amount of \$1000 per person deposit made payable to Brinkman Travel Inc to reserve \_\_\_\_\_ place(s)