



TRIP PARTICIPATION FORM
Normandy Allies – France July 14-27, 2019



Name as it appears on passport: _____
Last Name First Middle

Street _____

City _____ State _____ Zip _____

(____) _____ (____) _____
 Cell Phone Additional Phone

Email Address _____

Your passport must be valid for least 6 months from date of our return (July 27, 2019).

Passport# _____ Expiration Date _____ Country issuing passport _____

Date of Birth _____ Age _____ Gender _____

Lodging information

___ Double occupancy. My companion is _____
Fill out a separate form for each person in the party.

___ Single occupancy. Single person supplement will apply.

___ If possible, I would like to room with another traveler. Normandy Allies will contact you if this is possible. Normandy Allies does not guarantee that this will be possible.

___ Are you a Veteran of World War II? _____

___ Are you a student? Name of educational institution _____

___ Will you be 19 years old before July 14, 2019? Yes () No () If NO, you must be chaperoned by parent/guardian/school staff.
 Name of accompanying parent/guardian/school staff. _____

-Student will not be registered until the parent/guardian/school staff is registered. If chaperoned by school staff, letter from parent/guardian authorizing school staff must accompany registration. Student registration will be cancelled and cancellation fees will apply if the parent/guardian/school staff cancels.

How did you hear about this program? _____

Do you have a particular interest in the Normandy landings? If so, please specify. _____

I RELEASE THE FOLLOWING INFORMATION:

Physical problems or limitations _____

Any current medications _____

Allergies (INCLUDING DRUG OR FOOD ALLERGIES – **Notify Program Director Marsha Smith if traveler has any serious food sensitives or allergies**) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

RESERVATIONS/PAYMENT:

Reservation requires: Completed and signed Trip Participation Form + First payment of **\$150** per person due at the time of registration.

Note: If registering after February 28, 2019, all applicable payments are due.

2nd payment of **\$1500** per person (+ Single Supplement if applicable) is due **February 28, 2019**

Final payment of **\$1345** per person is due **April 10, 2019**

Cancellation Policy: Cancellations must be in writing to qualify for refund. Penalties are based on total trip costs.

\$50 of the initial deposit is non-refundable. No additional penalty for cancellations postmarked on or before March 9, 2019

70% penalty for cancellations postmarked March 11—May 30, 2019 100% penalty for cancellations postmarked after May 30, 2019

PARTICIPANT (signature required for registration):

I have reviewed the Land Package details and inclusions. In the event of an emergency requiring medical treatment, I give permission for treatment to be administered by the best means available. I understand that I will be responsible for any cost associated with medical treatment. I agree to release Normandy Allies and its representatives and EDU Trips and its representatives for any claim for personal injury or damages resulting from participation in trip.

PRINTED name _____

SIGNATURE _____

Date _____

PARENTAL CONSENT: (If under the age of 19, a parent must complete this portion)

I am a parent or guardian of the above student who wishes to participate in this trip. I have read the above release and authorization, and agree to all of its terms.

Parent/guardian: Name(s) _____

Address(es) _____

Email(s) _____

Telephone(s) _____

PRINTED name of parent or guardian _____

SIGNATURE of parent or guardian _____

Date _____

To Register: send completed signed form + \$150 First Payment
Make check payable to: Normandy Allies Inc.
Mail to: Normandy Allies Inc. P.O. Box 1332 Pittsford NY 14534