



TRIP PARTICIPATION FORM
Normandy Allies – France July 15-28, 2018



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 28, 2018).

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 15, 2018? Yes () No () If NO, you must be chaperoned by parent/guardian/school staff.

Name of accompanying parent/guardian/school staff. _____

Parent/guardian: Name(s) _____

Address _____

Email _____

Telephone(s) _____

-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:

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

Note: If registering after February 28, 2018, all applicable payments are due.

2nd payment of **\$1500** per person (+ Single Supplement if applicable) is due **February 28, 2018**

Final payment of **\$1345** per person is due **April 10, 2018**

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, 2018

70% penalty for cancellations postmarked March 10—May 30, 2018 100% penalty for cancellations postmarked after May 30, 2018

TRAVEL INSURANCE IS AVAILABLE & HIGHLY RECOMMENDED: ONLY AVAILABLE FOR PURCHASE AT TIME OF REGISTRATION

Standard Plan (Trip Protection Insurance): is available at a cost **\$85** per person and enables individuals to cancel their trip at any time prior to travel due to a covered medical or family emergency and receive a full refund.

Advantage Plus Plan: includes a cancel for any reason benefit, is available at a cost of **\$175** per person, and allows for a 75% refund up to 3 days prior to trip.

Note: Over 25 years of age: Advantage Standard Plan is **\$110** and Advantage Plus Plan is **\$200**.

Certificate will be sent via email upon enrollment. Confirmation will be sent via email upon payment.

Are you interested in trip cancellation insurance? ___ YES ___ NO

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 EDUtrips 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.

PRINTED name of parent or guardian

SIGNATURE of parent or guardian

Date

\$_____ Total amount enclosed
(Includes \$_____ for my first payment and \$_____ for my insurance policy)

**Make check payable to: Normandy Allies Inc.
Mail to: Normandy Allies Inc. P.O. Box 1332 Pittsford NY 14534**