THE NORMANDY I LOVE



MAY 3 - MAY 14, 2020

Please complete the information & return to Gay Gillen Travel with a color copy of your passport. **NOTE:** Please make sure your Passport is Valid for up to **SIX MONTHS** after returning to the USA.

TRAVELER 1:

Name as it Appears on Pa	assport:	
Passport Number:	Γ	Date of Birth:
Passport Expiration Date:	. P	Passport Issue Date:
Home Phone:	C	Cell Phone:
Email:	N	Mailing Address:
TRAVELER 2:		
Name as it Appears on Passport:		
Passport Number:	Γ	Date of Birth:
Passport Expiration Date:	: P	Passport Issue Date:
Home Phone:	C	Cell Phone:
Email:	N	Mailing Address:
CREDIT CARD INFO		
Credit Card:	□ Visa □ MasterCard □ Amex	□ Other
Credit Card #:		
Expiration Date:		
Security Code:		
Name on Credit Card:		
Billing Address:		
TRAVEL ARRANGEMENTS:		
Bed preference:		☐ King ☐ Queen ☐ Twin
Upgrade to Sea View Room at Grand Hotel Cabourg: • Sea view room for 4 nights (\$400 per person)		□ Yes □ No
Will you need assistance booking your flight?		□ Yes □ No
Would you like to purchase the Travelex Insurance 360 Group Policy?		☐ Yes, Tour Cost Only ☐ Yes, Tour Cost & Airfare ☐ No
TOUR DOCUMENTS:		
How would you like your name to appear on Unofficial Tour Documents?		
How would you like your name to appear on your name tag?		