

## Booking form: Bike & Barge in the Netherlands: May 29 – June 8, 2019

To guarantee the sailing and to secure your berth on the private Barge charter, we kindly ask each person to complete the booking form and send a copy of your valid passport along with a non-refundable deposit of \$750 CAD per person (Cheque/Visa or MasterCard) no later than May 15, 2018 to Vision Travel Solutions, 59 Queen Street, St. Catharines, L2R 5G8 att: Ineke Brinkman **or** scan and email to [ineke.brinkman@visiontravel.ca](mailto:ineke.brinkman@visiontravel.ca) (tel.no. 905.684.0888 ext. 1415)

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Cyclist: YES/NO (please circle) Height in centimeters (for cyclists only) \_\_\_\_\_

Do you have a pre-existing medical conditions? YES/NO (please circle). If yes, please provide details \_\_\_\_\_

Do you have special dietary requirements? YES/NO (please circle). If yes, please provide details: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Room/cabin requirements:** Twin/two beds:  Double/one bed  Sharing room/cabin with: \_\_\_\_\_ Single room/cabin

**Deviation of flight plans: Leaving home before May 29 and/or staying in Europe after June 8:** Please provide details with desired date(s), city if different from Amsterdam and need of additional travel arrangements:

\_\_\_\_\_  
\_\_\_\_\_

**Would you like to purchase travel insurance?** Yes, we will provide a quote and obtain your approval before charging your credit card. **No**, I already have proper travel insurance. My insurance is with: \_\_\_\_\_ Policy number: \_\_\_\_\_  
International phone number: \_\_\_\_\_

**In signing this booking form, I acknowledge that I have read, understood and accept the Terms & Conditions and the obligations of contract, accompanying this booking.**

**Signed:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

**Payment details:** Visa  Mastercard  Cheque made payable to Vision Travel Solutions

Cardholders number: \_\_\_\_\_ expiry date: \_\_/\_\_/\_\_ CVV: \_\_

Amount \_\_\_\_\_ Cardholders name: \_\_\_\_\_

Signature: \_\_\_\_\_