

WoodenBoat Maritime Tour to the Netherlands, June 16 - 26, 2013

RESERVATION FORM

PERSONAL INFORMATION (Please list all travelers' information – 1 form per household)

Name # 1(exactly as on passport):			
First	Middle	Last	
Date of Birth:			
Passport Number:		Country issued:	
Name # 2 (exactly as on passport):			
First	Middle	Last	
Date of Birth:			
Passport Number:		Country issued:	
Address:			
City:		State:	Zip:
Telephone (day) ()		Evening ()	
Fax ()	Email		

HEALTH DECLARATIONS - PLEASE INDICATE WHICH PASSENGER THIS APPLIES TO:

Do you have any physical limitations? NO _____ YES _____
Do you have any special needs or allergies? NO _____ YES _____
Do you have any dietary restrictions? NO _____ YES _____ Please describe:

Booking Requests - PLEASE INDICATE WHICH PASSENGER THIS APPLIES TO:

Please book my/our flights from: Departure city _____ <i>(Borton Overseas will book your connecting flights from/to your home city on Delta or its partners in connection with the group flights (If Delta does not fly from your home city, an alternative will be offered)</i>
Preferred seat requests: _____
Special meal requests: _____
Delta Frequent Flier numbers: (You are traveling on a special, discounted group fare and will receive mileage credit of 25% of the actual miles flown)
Passenger #1 _____
Passenger #2 _____

TRAVEL INSURANCE:

Basic travel insurance is included in your trip cost, which will cover everything except trip cancellation. You can pay a supplement to upgrade and include trip cancellation insurance.

This will include your airfare if you depart from a city to connect in Newark.

I/We would like to include trip cancellation insurance – please contact me with a quote that includes my airfare _____

I/We decline additional Trip Cancellation insurance _____

PAYMENT INFORMATION

A \$1000 per person deposit is required with your reservation. You will receive an invoice from us with your confirmation. **Final payment is due April 16, 2013.**

I will pay by check ____ (Check payable to Borton Overseas & send it to the address below)

I will pay by Visa _____ Mastercard _____ Discover _____ Amex _____

Card Number:
Exp. Date: _____ V code: _____
Name as it appears on the card:
Billing Address (if different than mailing address):
Address:
City: _____ State: _____ Zip: _____

Card holder agrees to perform the obligations set forth by the card holder's agreement with issuer.

X _____
Signature of Card Holder _____ Date _____

ACCEPTANCE OF TERMS - I have read the complete Terms and Conditions as stated by Borton Overseas and agree to them as outlined. (Must be signed by all travelers)

X _____
X _____
Signature _____ Date _____

Please return your completed reservation form to:



Linda McCormick, Borton Overseas, 5412 Lyndale Avenue South, Minneapolis MN 55419
linda@bortonoverseas.com 612-661-4622 or 800-843-0602, ext. 112