

Normandy 2020
Registration Form (one per participant)

Program Dates: Sunday June 14 (arrive in Paris no later than ~16:00) to Sunday June 21 (depart Rouen after breakfast, or before if you need to catch an early train)

Costs and Payments

The cost for this 8 day program is \$2675 USD per person/double occupancy and includes 7 nights' lodging, excursion transportation, train transportation from Paris to Rouen, most meals (7 breakfasts, 4 lunches, and 5 dinners), excursion/tour fees, and materials fees. A single supplement of \$460 per person will apply for solo travelers not sharing a room. **Take advantage of our early bird savings of \$200 per person and register on or before October 1;** otherwise all registrations are due December 1, 2019.

- Payment #1 of \$950 per person: due by December 1, 2019 (October 1, 2019 for early bird rate).
- Payment #2 (final) of \$1725 per person or \$1525 per person for early birders, plus single supplement if applicable: due no later than March 1, 2020.

() Room with one double bed or () Room with two twin beds

Sharing room with _____

() Single room

International air transportation is not included in the program price. After you book your flights, we ask that you provide us with a copy of your flight details.

Cancellation Policy:

By submitting this registration form, you are affirming that you are "all in". Should you need to cancel and can find a suitable replacement, any payments you make will be refunded minus the single supplement if applicable (unless you replace a solo traveler for a solo traveler). If you cancel and cannot find a suitable replacement, here's the fine print on penalties:

Cancel between December 2, 2019 – January 1, 2020: forfeit \$500 per person

Cancel between January 2 – April 1, 2020: forfeit \$975 per person + single supplement if applicable

Cancel after April 1, 2020: forfeit \$2000 per person + single supplement if applicable

Note that refunds for any services that are voluntarily not used, including meals provided by the program, will not be given. All cancellations must be done in writing.

I certify that I have read, understand and accept the terms of the "Cancellation Policy," "Terms and Conditions," and "Health Recommendations" (next page), and:

1. I hereby release Elizabeth McGee Bergerol and Arnaud Bergerol from liability in case of accident or illness while I am participating in this program and do further agree to absolve from all responsibility Elizabeth McGee Bergerol and Arnaud Bergerol from all loss, damage or expense which I may incur by reason of any such accident or illness.
2. I shall be responsible for all uninsured medical expenses.
3. I hereby authorize necessary hospitalization and/or treatment while I am participating in this program.
4. I understand that weather and other conditions may necessitate changes in the activities and schedule of this program within the program dates.

Printed Name: _____ Signature: _____ Today's Date: _____

Your signature on this form indicates that you understand and accept the terms and conditions of this program. Registrations cannot be accepted without a signature.

Please make checks payable to: Allons-Y! and mail to 252 South 16th St., San Jose, CA 95112. Merci!

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TERMS AND CONDITIONS – We are not responsible for events of *force majeure* including disease, acts of war, terrorist attacks, unfavorable weather conditions, earthquakes, political instability or for inadequate, lost, or stolen passports. Our sole knowledge and the expertise on which you may rely are in the making of travel arrangements. In the case of all travel arrangements the contract in use by the provider of such transportation or lodging, shall constitute the sole contract between the passenger and the travel supplier. We reserve the right to decline to accept or retain any person as a participant of the program if their actions impose upon or disturb the other participants of the program. The right is also reserved to amend the itinerary should it be found necessary for the benefit of the participants of the program or for other reasons. By accepting these travel arrangements you confirm that you have read this agreement and understand that it is the sum total of our agreement with you and supersedes all prior arrangements or understandings.

HEALTH RECOMMENDATIONS: To enjoy your travels to the fullest, you should be in good physical and mental health. Any physical disability requiring special attention or treatment must be reported in writing to us when submitting this registration. We reserve the right to refuse or revoke travel to anyone who is, in our sole judgment, in such physical or mental condition as to be incapable of group travel or who may require care and attention beyond that which we can provide.

To assist you in preparing to make the most of the program, you will receive a detailed pre-departure information after you register. We strongly recommend you read it thoroughly when you receive it and, again, a few weeks before your departure. You may email us at any time for answers to your questions.

Please Initial: _____

Today's Date: _____

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PERSONAL INFORMATION: Please complete the following for each traveler:

PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT. PLEASE ATTACH A COPY OF THE PHOTO PAGE OF YOUR PASSPORT.

Name _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Email: _____ Nickname _____

Passport Number _____ Country of Issue _____ Date of Expiration _____

Person (not traveling with you) to contact in case of emergency: _____

Relationship (please identify as spouse, child, parent, neighbor, etc.) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email _____

List the names of any medications you are currently taking, any allergies (including food allergies), or any disability or special health care needs that may affect your ability to fully participate in this program. You may, at your discretion, submit *medication* information in a sealed envelope which we will open only in the event of an emergency where we need to communicate your medications to physicians, emergency service personnel, etc.

Health Insurance Company: _____ Policy # _____

Please give us any other information you feel would be helpful _____

Signature: _____ Today's Date: _____

PLEASE REMEMBER TO ENCLOSE A COPY OF THE PHOTO PAGE OF YOUR PASSPORT! MERCI!