



Your Acadian Tour de France 2023

TRAVELER REGISTRATION AND AGREEMENT

LES VOYAGES DIASPORACADIE INC.
318, rue Vanier, Dieppe, New
Brunswick, Canada E1A 5N2
Claude Boudreau
(506) 850-7662
diasporacadie@gmail.com

Traveler no. 1 Family name: _____ Maiden name: _____

Given name: _____

Street, City, State, Zip code: _____

Email: _____ Home Tel.: _____ Cell : _____

Traveler no. 2 Family name: _____ Given name: _____

Maiden name : _____

Email: _____ Cell : _____ (if different than traveler no.1)

PLEASE NOTE THAT TRAVELERS WHO DO NOT RESIDE AT THE SAME ADDRESS MUST EACH FILL OUT THEIR OWN FORM.

RELATIONSHIP: _____ Spouses/partners _____ Family _____ Friends _____ Travel roommates

BEDS: We want: _____ two single beds **OR** _____ one double/queen bed

(Please note that some hotels in France do not provide double/queen beds. They sometimes provide only 2 single beds that can be pushed together to make a double/queen bed).

REGULAR TOUR PRICE: 4375\$ US/5950 \$ CAN per person in a double room. Single supplement:700 \$US/950 \$ CAN

You maybe eligible for various discounts. Please check with Claude Boudreau / Tour conditions.

Tour price does not include airfaire.

I understand and agree with :

- 1) All prices are based on an exchange rate of 1 euro = 1.05 US \$, and the final tour price is subject to increase at the time of final payment in accordance with the exchange rate change.
- 2) all the Terms& Conditions & Release Agreement (7 attached pages)

Traveler no. 1 signature:

Traveler no. 2 signature:

IMPORTANT !

To confirm your reservation, please

- 1) Complete this form and scan (or take a photo) and send by email to :
diasporacadie@gmail.com
OR mail to:
LES VOYAGES DIASPORACADIE
318, rue Vanier
Dieppe, New Brunswick,
Canada E1A 5N2

A \$2,000 deposit per person, and a copy of your passport page is required to complete your reservation.

**Checks must be made out to:
LES VOYAGES DIASPORACADIE INC.**

Date: _____

	Traveler no.1 NAME:	Traveler no. 2 NAME:
Emergency CONTACT person during the trip	Name: _____ Relation: _____ Home Phone: _____ Cell: _____	____ <i>Same as Traveler no. 1, OR ...</i> Name: _____ Relation: _____ Home Phone: _____ Cell: _____
Travel Insurance If you do not have this information now, you can provide it later.	Company: _____ Policy Number: _____ Phone: _____	____ <i>Same as Traveler no. 1, OR ...</i> Company: _____ Policy Number: _____ Phone: _____
ALLERGIES (food and other)		
Special food requests (ex. Gluten free meals, vegetarian, etc)		
Special needs or medical conditions requiring assistance during trip		
What is your level of understanding & spoken FRENCH?	____ None / very limited ____ I can get by ____ I am fluent	____ None / very limited ____ I can get by ____ I am fluent
GENEOLOGY INFORMATION (this section is optional, but very interesting and useful to make the trip more interesting!)	Your mother's maiden name: _____ Your two grand-mother's maiden names: _____	Your mother's maiden name: _____ Your two grand-mother's maiden names: _____

SPECIAL REQUESTS: