

NORMANDY VACATIONS: RESERVATION FORM
Irie World Vacations LLC

Please secure a spot for me on the following **tour**:

2009 Dates

Saturday, September 19 – Saturday, September 26 _____ **(15% discount on all tours booked before July 31, 2009)**

Saturday, September 26 – Saturday, October 3 **(Closed)**

2010 Dates

Saturday, June 12 – Saturday, June 19 _____

Saturday, June 19 – Saturday, June 26 _____ ***(Family Week) 10% discount for 3rd & 4th family members sharing the same room.**

Saturday, June 26 – Saturday, July 3 _____

Saturday, September 4 – Saturday, September 11 _____

Saturday, September 11 – Saturday, September 18 _____

Please complete this entire form and return, together with your US\$400 check per person tour deposit, to:
Irie World Vacations LLC, 15290 SW 181 Terrace Miami FL 33187.

Final payment is due 90 days prior to the start of the trip.

PLEASE NOTE: The name on the registration form must be as it appears on your passport. If more than one family member is traveling, each traveler must complete and sign a separate form.

NAME (as it appears on the passport):

STREET ADDRESS:

CITY, STATE, ZIP:

PHONE: (Day) _____ (Evening) _____ (Cell) _____

EMAIL: _____

BIRTH DATE: _____ *(These tours are for travelers 18 yrs. and older, except for Family Week)*

AMOUNT ENCLOSED: _____ CHECK _____ MONEY ORDER _____ SINGLE SUPPLEMENT *(US \$500) *May be waived if possible to accommodate you in the same room with another single traveler of the same gender.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS INCORPORATED HEREIN BY REFERENCE. BY SIGNING BELOW I ATTEST THAT THE INFORMATION ABOVE IS TRUE AND CORRECT AND THAT I AGREE TO BE BOUND BY, AND TO COMPLY WITH THE TERMS AND CONDITIONS GOVERNING THIS TOUR.

NAME (printed) _____ SIGNATURE _____

DATE: _____