



“THE NORMANDY I LOVE”

A SIGNATURE HISTORICAL TOUR BY DR. THOMAS M. HATFIELD
APRIL 29-MAY 10, 2025

Please complete the information & return to Gay Gillen Travel with a copy of your passport.

NOTE: Please make sure your Passport is Valid for up to SIX Months after returning to the USA.

Traveler 1:

Passport Name	First	Middle	Last
Passport Number/Exp Date			
Date of Birth			
Home Phone			
Cell Phone			
Email			
Mailing Address			

Traveler 2:

Passport Name	First	Middle	Last
Passport Number/Exp Date			
Date of Birth			
Home Phone			
Cell Phone			
Email			
Mailing Address			

Credit Card Information:

Credit Card	Visa ___ MasterCard ___ Amex ___ Other _____
Credit Card #	
Expiration Date/Security Code	
Name on Credit Card	
Billing Address	

Travel Arrangements:

Bed preference:	King ___ Queen ___ Twin ___
Upgrade to Sea View Room at Grand Hotel Cabourg: • Sea view room for 4 nights (total upgrade cost TBD)	Yes ___ No ___
Will you need assistance booking your flight?	Yes ___ No ___
Would you like to purchase travel insurance?	Yes ___ No ___
If so, do you want to insure the Tour Cost Only? Or both the Tour Cost & your Airfare? Cancel For Any Reason (CFAR)?	Tour Cost ONLY ___ Tour Cost & Airfare ___ CFAR _____

Tour Documents:

How would you like your name(s) to appear on your name tag?	