



CAPE COD, MARTHA'S VINEYARD & BOSTON

JUNE 12 – 16, 2018

Please see the attached itinerary for details of this trip. We are now accepting **deposits of \$100** per person with cheques made out to **Expression Voyages**. Please complete the form on the reverse page and return it with your deposit cheques. Final payment will be due 45 days before departure. Once we have given the deposits to the respective companies, they will not be refundable.

We strongly advise you to purchase cancellation insurance.

Please indicate on the form if you need cancellation insurance. You can purchase cancellation insurance through Expression Voyages. We will contact you with the details should you wish to do so.

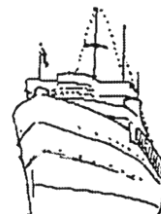
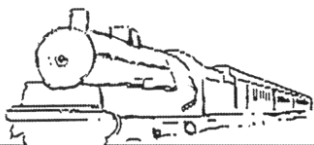
If you do not wish to purchase the insurance, please sign the waiver saying you decline to purchase it.

We will be holding a meeting of those going on the trip, closer to the date of departure.

If you have **already** given us your deposit and information for this trip, we do not need anything else from you. If you wish to purchase cancellation insurance, please contact us.

Applications for this trip will be accepted on a first come, first served basis, once deposit is received.

TRIP DIRECTORS: Maria Roussakis 514-630-0272; mroussakis@icloud.com
Rosemary Leaver 514-636-4507; rosemaryleaver44@gmail.com





Cape Cod, Martha's Vineyard & Boston

Please return this section with your cheque

Name: _____
(As per passport) *First* *Middle* *Last*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Home phone: _____ Email address: _____

Citizenship: _____ Passport Number: _____

Date of Issue: _____ Date of Expiration: _____

Date of Birth: _____

Sharing room with: _____

Emergency Contact: _____ Home Phone: _____

Cellular: _____

CANCELLATION INSURANCE:

Do you wish to purchase cancellation insurance? YES _____
NO _____

If no, please sign:
I decline to purchase cancellation insurance: _____

