



75TH ANNIVERSARY OF THE ITALIAN CAMPAIGN ELIGIBILITY FORM

Please complete this form and return to Remembrance Travel. Your eligibility will then be checked by the Royal British Legion and confirmation of your place on your chosen tour will be sent by post. Please note that we are unable to accept the booking unless all sections of this form have been completed.

TOUR:

Please tick your chosen tour

The National Memorial Arboretum – Thursday 9th to Sunday 12th May 2019

Monte Cassino & Anzio – Monday 13th to Friday 17th May 2019

Salerno & Monte Cassino – Monday 13th to Friday 17th May 2019

VETERAN'S NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ MOBILE NO: _____

EMAIL (If applicable) _____

DATE OF BIRTH: _____ CITY / TOWN OF BIRTH: _____

PASSPORT NO: _____

PASSPORT ISSUE DATE: _____ PASSPORT EXPIRY DATE: _____

NATIONALITY: _____

SERVICE NUMBER (If known): _____

REGIMENT / UNIT: _____

RANK / EMPLOYMENT: _____

DATES OF SERVICE IN ITALY: _____

DETAILS OF SERVICE IN ITALY: _____

HAS THE VETERAN EVER BEEN BACK TO ITALY SINCE THE WAR: YES NO

CARER INFORMATION – To be completed by carers

Funding is available for two carers / family members to accompany the veteran on the tour in order to look after him. As an accompanying carer or family member, you are expected to be able bodied, fit enough to push a wheelchair if required by the veteran, support the veteran with any personal hygiene or needs and in the unlikely event that the veteran is hospitalised, you would be expected to stay with them even if the remainder of the group were returning to the UK.

CARER 1

Name: _____ Date of Birth: _____

Relationship to Veteran: _____ Telephone number: _____

Mobile number: _____ Email: _____

City / Town of birth: _____ Passport number: _____

Passport Issue Date: _____ Passport expiry date: _____

Nationality: _____

I confirm that I have read and understood what is expected of me, and confirm that I am physically able to fulfil the role of carer.

Signed: _____ Date: _____

CARER 2

Name: _____ Date of Birth: _____

Relationship to Veteran: _____ Telephone number: _____

Mobile number: _____ Email: _____

City / Town of birth: _____ Passport number: _____

Passport Issue Date: _____ Passport expiry date: _____

Nationality: _____

I confirm that I have read and understood what is expected of me, and confirm that I am physically able to fulfil the role of carer.

Signed: _____ **Date:** _____

ROOM REQUIREMENTS

Under the terms of the funding, each party is entitled to a single room and a twin room therefore please confirm how each person is to be accommodated:

Single Room Name: _____

Twin Room: Name: _____

Name: _____

OVERNIGHT AIRPORT ACOMODATION

Overnight accommodation is available for those travelling to Italy from either London Heathrow or London Gatwick, pre and post tour free of charge. Please tick you requirements:

Monte Cassino and Anzio tour departing from London Heathrow:

Sunday 12th May 2018 Friday 17th May 2019

Salerno and Monte Cassino departing from London Gatwick:

Sunday 12th May 2018 Friday 17th May 2019

DIETARY REQUESTS

If you have a dietary request, please advise:

Name: _____ Request: _____

Name: _____ Request: _____

Name: _____ Request: _____

FITNESS TO TRAVEL:

Those travelling on our tours are expected to have a certain level of fitness. Please complete the following:

- We are able to manage our own luggage Yes or No
- All members of our party are able to walk a short distance – Approx 25 metres Yes or No
- Are all members of your party able to clime 3 or 4 steps to board a coach Yes or No
- Are your party fit to travel by air (if applicable) Yes or No
- Do any members of your party require airport assistance (if applicable) Yes or No

If yes, please five details: _____

In order for us to cater for your needs, please advise whether you will be bringing any of the following mobility aids:

Collapsible wheelchair Collapsible Rollator / Triwalker

Walking Frame Walking stick

Other – Please give details

Your final itinerary and tour joining instructions will be sent approximately 10 days prior to departure. To assist us with planning, if you have a particular Memorial, Cemetery or place you would like to visit, please give details below:

Please note, we cannot guarantee to include your request in the itinerary however we will try and visit as many as possible.

REMEMBRANCE TRAVEL
C/O ARENA TRAVEL, 2 BETTS AVE, MARTLESHAM HEATH, IPSWICH, SUFFOLK, IP5 3RH