



RHINELAND & 75TH ANNIVERSARY OF THE BATTLE OF ARNHEM

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

VETERAN'S NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NO: _____ MOBILE NO: _____

EMAIL (If applicable) _____

DATE OF BIRTH: _____ PASSPORT NO: _____

PASSPORT ISSUE DATE: _____ PASSPORT EXPIRY DATE: _____

NATIONALITY: _____

SERVICE NUMBER (If known): _____

REGIMENT / UNIT: _____

RANK / EMPLOYMENT: _____

DATES OF SERVICE IN EUROPE: _____

HAVE YOU EVER REVISITED THE BATTLEFIELDS OF NORTH WEST EUROPE? 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: _____ Relationship to Veteran: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ Telephone number: _____

Mobile number: _____ Email: _____

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: _____ Relationship to Veteran: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ Telephone number: _____

Mobile number: _____ Email: _____

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 one single room and one twin room therefore please confirm how each person is to be accommodated:

Single Room Name: _____

Twin Room: Name: _____

Name: _____

OVERNIGHT AIRPORT ACCOMMODATION

Overnight accommodation is available for the night before the tour departs and the night the tour returns to the UK as part of the funding. Please tick your requirements:

Union Jack Club, London:

Tuesday 17th September 2019 Monday 23rd September 2019

Ashford Int Hotel, Ashford

Tuesday 17th September 2019 Monday 23rd September 2019

OR

We do not require pre and post tour accommodation

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

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, place or area 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