



ENLIST NOW

BOOK YOUR D-DAY MEMORY TOUR



REGISTRATION FORM

JPP Holdings, LLC

800 Jeffery street, suite 211
BOCA RATON, FL 33487
FLORIDA – UNITED STATES
T:001 561-409-4036
Toll Free: 844-276-16-11
Fax: 844-549-1643
email: info@ddmtusa.com



TRAVELER INFORMATION

Title	First name	Last Name (same on your passport)	Date of birth	Nationality

CONTACT INFORMATION

Address: _____

City: _____ ZIP: _____ Country: _____

State: _____ e-mail: _____ Emergency contact Name and Phone: _____

Home phone: _____ Cell Phone: _____

SELECT YOUR TOUR (Check the box)

LUXURY TOUR 7 DAYS	<input type="radio"/>	EXTENSION NEPTUNE 2 DAYS	<input type="radio"/>
AUTHENTIC TOUR 7 DAYS	<input type="radio"/>	EXTENSION BASTOGNE 4 DAYS	<input type="radio"/>
IMMERSION TOUR 7 DAYS	<input type="radio"/>	EXTENSION OVERLORD 4 DAYS	<input type="radio"/>
THE LONGEST DAY TOUR 2 DAYS	<input type="radio"/>	Bastogne & Overlord extension on demand only.	

Tour date from : ____/____/____ (mm/dd/yy) to : ____/____/____ (mm/dd/yy)

ROOMS (Check the box)

Single 1 bed 1 pers. With sup.	<input type="radio"/>	Twin 2 beds for 2 pers.	<input type="radio"/>
Double 1 bed for 2 pers.	<input type="radio"/>	Other option accept to share a room.	<input type="radio"/>

PERSONAL INFORMATION (for your equipment)

Shoes size:	Pant size:
Shirt size:	Head size :
Height:	Weight:

PAYMENT INFORMATION

PAY BY CREDIT CARD	PAY BY CHECK TO JPP HOLDINGS, LLC
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Amount Check enclosed deposit or full amount of: \$ _____
I Allow Jpp Holdings LLC, to charge my deposit or Full amount \$: _____	
Credit card number: _____	Number of travelers: _____
Name of cardholder: _____	Please make check payable to Jpp Holdings, LLC, mail or fax or e-mail this form to adress framed on this page
Exp. date: _____ CVV code _____	

PASSPORT INFORMATION

Number :	Del.date:	Exp.date:
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DECLARATION

I confirm that I am over 18 years old of age and on behalf of the other cutomers named on this form. I acknowledge the contract Terms and condition on the reverse of this form and agree with them.

Signature: _____	Date: ____/____/____ (mm/dd/yy)
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Use this form or make a copy to file your booking information

JPP holdings, LLC, is registered with the state of Florida as a seller of travel, ref No.ST40723

CALL US AT 1-844-276-1611 | 63