



ENLIST NOW

BOOK YOUR D-DAY MEMORY TOUR

2020 REENACTOUR REGISTRATION FORM

JPP Holdings, LLC

800 Jeffery street, suite 211
BOCA RATON, FL 33487
FLORIDA – UNITED STATES
T:001 561-409-4036
Toll Free: 1-844-276-1611
Fax: 1-844-549-1643
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)

<input type="checkbox"/>	<p>DDAY REENACTOUR (4 DAYS) Full Immersion Only for reenactors From \$1,890.00/pers minimum 12 pers. <i>Special requirement needed</i> This program is dedicated for the people who are expert in reenactment , only nights in camps available. All details on the special website www.ddayreenactour.com</p>
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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: \$ _____	<input type="checkbox"/> 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