

ENLIST NOW

BOOK YOUR D-DAY MEMORY TOUR

JPP Holdings, LLC

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Toll Free: 1-844-276-1611 Fax: 1-844-549-1643 email: info@ddmtusa.com

AUTHENTIC REGISTRATION FORM



TRAVELER INF	ORMATION					
Title	Title First name Last		me (same on your passport)	Date of birth	Nationality	
CONTACT INFO	ORMATION					
Address:						
City:			ZIP:	Country:		
State:		e-mail:	e-mail:		Emergency contact Name and Phone:	
Home phone:		Cell Phone:				
SELECT YOUR	TOUR (Check the box)					
	This tour offers Camp to live the	the first and last	for D-DAY 77th t night in a comfortable place, a Experience.	nd four nights	in your US	
ROOMS (Check	the box)					
Single 1 bed 1 pers. With sup.		<u> </u>	Twin 2 beds for 2 pers.	0		
Double 1 bed for 2 pers.		0	Other option accept to share a room.			
PERSONAL INI	FORMATION (for your eq	uipment)				
Shoes size:			Pant size:			
Shirt size:			Head size :			
Height:			Weight:			
PAYMENT INF						
PAY BY CREDIT CAR			PAY BY CHECK TO JPP HOLDINGS, LLC	Ī		
	blace my denosit or Full amount \$:	AMERICAN EXPRESS	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			
Exp. date: CVV code			this form to adress framed on this page			
PASSPORT INF	FORMATION					
Number :			Del.date:	Exp.date:		
DECLARATION	1					
2,000,000	over 18 years old of age and c everse of this form and agree		er cutomers named on this form. I ack	nowledge the con	tract Terms and	
Signature:			Date:/		(mm/dd/yy)	

Use this form or make a copy to file your booking information