

## **BATTLE OF THE BULGE ASSO TOUR 2020**

**76th ANNIVERSARY** 

**DECEMBER 12 - 21, 2020** 

## **REGISTRATION FORM**

\$ 3,895.00 per Person (Airfaire non inculded, Double Occupancy).

## 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                                              |                                  | JPP holdings, LLC, is registered with the state of Florida as a seller of travel, ref No.ST40723              |                                                                                     |                         |                  |
|-------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------|------------------|
| Title                                                             | First name                       | Last Na                                                                                                       | me (same on your passport)                                                          | Date of birth           | Nationality      |
|                                                                   |                                  |                                                                                                               |                                                                                     |                         |                  |
|                                                                   |                                  |                                                                                                               |                                                                                     |                         |                  |
| CONTACT IN                                                        | IFORMATION                       |                                                                                                               |                                                                                     |                         |                  |
| Address:                                                          |                                  |                                                                                                               |                                                                                     |                         |                  |
| City:                                                             |                                  |                                                                                                               | ZIP:                                                                                | Country:                |                  |
| State:                                                            |                                  | e-mail:                                                                                                       |                                                                                     | Emergency con<br>Phone: | tact Name and    |
| Home phone:                                                       |                                  | Cell Phone:                                                                                                   |                                                                                     |                         |                  |
| ROOMS ( Che                                                       | ck the box)                      |                                                                                                               |                                                                                     |                         |                  |
| Single 1 bed 1 pe                                                 | ers. With sup. <b>\$1,158.00</b> | $\circ$                                                                                                       | Twin 2 beds for 2 pers.                                                             | (                       | $\cap$           |
| Double 1 bed for                                                  | 2 pers.                          | $\overline{\bigcirc}$                                                                                         | Other option accept to share a room                                                 | 1.                      | $\tilde{\Omega}$ |
| PERSONAL II                                                       | NFORMATION                       |                                                                                                               |                                                                                     |                         |                  |
| Any diet or Healt                                                 | :h problems ?                    |                                                                                                               |                                                                                     |                         |                  |
| Need mobility as                                                  | sistance ? Wheel chair? Walker   | ?                                                                                                             |                                                                                     |                         |                  |
| Travel Insurance , Name of the company :                          |                                  |                                                                                                               | policy #:                                                                           |                         |                  |
| PAYMENT IN                                                        | NFORMATION                       |                                                                                                               |                                                                                     |                         |                  |
| PAY BY CREDIT C                                                   | ARD                              |                                                                                                               | PAY BY CHECK TO JPP HOLDINGS, LLC                                                   | С                       |                  |
| MasterCard                                                        | VISA DISCOVER                    | MERICAN 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:  Exp. date:  CVV code                         |                                  | Please make check payable to Jpp Holdings, LLC, mail or fax or e-mail this form to adress framed on this page |                                                                                     |                         |                  |
| PASSPORT II                                                       | NFORMATION                       |                                                                                                               |                                                                                     |                         |                  |
| Number :                                                          |                                  |                                                                                                               | Del.date:                                                                           | Exp.date:               |                  |
| DECLARATIO                                                        | )N                               |                                                                                                               |                                                                                     |                         |                  |
|                                                                   |                                  |                                                                                                               | on this form. I acknowledge the contra<br>this trip, I will apply for my own travel |                         |                  |
| Signature:                                                        |                                  |                                                                                                               | Date://                                                                             |                         | (mm/dd/yy)       |