

France Dog Tour September 10 - 18, 2023 -- Registration Form

YOU CAN ALSO REGISTER by calling Cindy Wilmoth at 330.351.3134

For more info on tour details, please email, text, or call Patricia Princehouse: labrise@msn.com ; 440-478-5292 (cell/text)

REGISTER ME FOR:

Double occupancy:\$2,995

Supplement for single room:\$600

\$Full payment due upon registration:

_____ / \$ _____
NUMBER OF PERSONS / AMOUNT ENCLOSED

PAYMENT:

By check: Please make payable to LEAPSS (Lake Erie Area Pyrenean Shepherd Association)

Mail form to: LEAPSS, Attn Cindy Wilmoth, 433 Red Rock Dr, Wadsworth, OH 44281

You may also pay via **PayPal**, just send this signed form by mail or by email (gscindy132@gmail.com). Do NOT use Cindy's email for PayPal. Call or email Cindy for LEAPSS PayPal details: **330.351.3134**

PARTICIPANT CONTACT INFORMATION

FULL NAME - PARTICIPANT 1 _____

FULL NAME - PARTICIPANT 2 _____

ADDRESS, CITY STATE ZIP _____

DAYTIME TELEPHONE _____ E-MAIL ADDRESS _____

I will share a room with _____

I would like: 1 2 beds in the room if available (please circle)

EACH PARTICIPANT MUST SIGN:

The undersigned has read the tour itinerary and recognizes and accepts any risks therein. The undersigned also understands and hereby agrees for and on behalf of his/ her dependents, heirs, executors, administrators and assigns to abide by the conditions set forth in the terms and conditions listed in this brochure and to release and hold harmless LEAPSS and any of ITS officers, trustees, agents, licenses, or representatives, from any and all liability for delays, injuries, or death or for the loss of and/or damage to his/ her property however occurring during any portion of, or in relation to, this tour. We do not accept liability for cancellation penalties related to domestic or international airline tickets. By paying the deposit for passage, the passenger certifies that he/she does not have any physical or other condition of such disability as would create a hazard for him/herself or other passengers. Any physical condition requiring special attention, diet, or treatment must be reported in writing on the passenger information form sent to you upon confirmation. All reasonable efforts will be made to accommodate special diets and treatment; however, we cannot guarantee special arrangements. We reserve the right to decline to accept any person or to require any traveler to withdraw from an expedition at his or her own expense at any time when such action is determined by the tour staff to be in the best interest of the health, safety, and general welfare of the expedition group or individual expedition members. For the health and comfort of all participants, there is no smoking during group activities, including excursions and meals. Circumstances (such as exchange rate hikes) could potentially force an increase in price if needed to cover expenses (travelers will be notified immediately and have the option of cancellation). Participants may be photographed or, in some cases, videotaped for educational and promotional purposes.

SIGNATURE - PARTICIPANT 1: _____

SIGNATURE - PARTICIPANT 2: _____

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