



CV VOYAGES CAGEP SARL

REGISTRATION FORM

1st participant

Last name: _____ First name: _____ Sex: _____

Date of birth: _____

Nationality: _____ Passport number: _____

Tel: _____ Email: _____

2nd participant

Last name: _____ First name: _____ Sex: _____

Date of birth: _____

Nationality: _____ Passport number: _____

Tel: _____ Email: _____

Name of Trip: 4 day Tour of Paris and Normandy

Departure date: from 19/09 to 22/09/2024

**Trip price: 780€/participant based on double occupancy
990€/participant in single occupancy**

Type of room: Double Twin Single

Would you like to purchase travel insurance ? Yes No

Insurance price : 50€/participant

780€ x _____ pax = _____ Euro

990€ x _____ pax = _____ Euro

50€ x _____ pax = _____ Euro

Total travel costs: _____ Euro



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METHOD OF PAYMENT: Credit card

I, _____, hereby authorize Cagep SARL CV Voyages to charge my credit card account in the amount of _____.

Visa	<input type="checkbox"/>	MC	<input type="checkbox"/>	CB	<input type="checkbox"/>
Credit card number :					
Expiration date :			VID Code :		
Name of Cardholder :					
Billing Adresse :					
City-state :			Phone:		
Post code :					

I acknowledge that I have authorized the above charges and that I have reviewed payment and cancellation policies applicable to my trip.

Customer's signature: _____

Date completed: _____