

# AGREEMENT

We / I, the undersigned, by accepting the invitation of the Korean Veterans Association of the Republic of Korea to participate in its April 2009 Korea Revisit Program, agree to the following conditions.

1. The Korean Veterans Association of the Republic of Korea and the Korea Veterans Association of Canada (Inc.) Shall not be or become liable or responsible in any way whatsoever for any loss, injury or damage to, or in respect of, any persons or property howsoever arising, nor be responsible for damages arising from of any tour operator, lost / damaged baggage, trip cancellation, bad weather, natural disaster or other acts of God and we / I hereby release and discharge forever the Korean Veterans Association of the Republic of Korea and the Korea Veterans Association of Canada (Inc.) From liability for any damages, injuries or costs that may be incurred by us / me while participating in April 2009 Korea revisit program.

2. As participant (s), we / I acknowledge and understand this agreement and the conditions of the program as explained to us / me and to cooperate fully with the person (s) in charge.

Print or type name

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign the above and return to the Revisit Program Tour Coordinator.

**Doug Finney**  
**511, 835 Oxford Street**  
**Oshawa, Ontario L1J 3W2**

**Telephone: (905) 579-0751**  
**Fax : (905) 579-0527**

## VISITOR'S CARD

We welcome you to Korea. Please fill out this form and hand it back to your tour guide. Your early return of this form will be very much appreciated.

Country \_\_\_\_\_ Date \_\_\_\_\_

Name in Full \_\_\_\_\_ Birth Date \_\_\_\_\_

Family accompanied \_\_\_\_\_

Period of service during the Korean War  
From \_\_\_\_\_ To \_\_\_\_\_

Unit assignment during the Korean War and location

\_\_\_\_\_

Rank during the Korean War Highest rank attained

\_\_\_\_\_

Present Occupation

\_\_\_\_\_

Home address

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Phone number

( \_\_\_\_\_ ) \_\_\_\_\_

Did you receive the Ambassador for Peace Medal from the Korean Veterans Association? If so When & where?

Have you ever been back to revisit Korea? If so when?

Signature of Veteran

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# KOREA REGULAR REVISIT PROGRAM

PLEASE PRINT CLEARLY AND COMPLETE THIS FORM AND RETURN TO:

**Doug Finney - 511, 835 Oxford Street Oshawa, Ontario L1J 3W2**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE:(\_\_\_\_\_)\_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

ACCOMPANIED BY (IF APPLICABLE)

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PASSPORT NUMBER:

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EXPIRY DATE: \_\_\_\_\_

MEMBERS PARTICULARS

DATE OF BIRTH: YEAR: \_\_\_\_\_ MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_ UNIT IN KOREA: \_\_\_\_\_

MAIN LOCATION OF UNIT IN KOREA: \_\_\_\_\_

PERIOD SERVED IN KOREA:

FROM: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

TO: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

RANK IN KOREA: \_\_\_\_\_ HIGHEST RANK ATTAINED: \_\_\_\_\_

K.V.A. CANADA UNIT # \_\_\_\_\_ CITY: \_\_\_\_\_

DUE PAID? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU RECEIVED THE AMBASSADOR FOR PEACE MEDAL? YES \_\_ NO \_\_

IF YES, FROM WHERE DID YOU RECEIVE IT? \_\_\_\_\_

HAVE YOU A PHYSICAL DISABILITY OR MEDICAL CONDITION THAT MAY LIMIT YOUR MOBILITY? IF SO, PLEASE GIVE DETAIL

\_\_\_\_\_

HAVE YOU EVER BE PART OF A REVISIT TO KOREA BEFORE? Yes \_\_ No \_\_

Please Note: Extension trip are available. Participants will be referred to the Travel Agency who will make all necessary arrangement prior to your departure from Canada.

SIGNATURE OF VETERAN

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