



TRAVEL PLANS BOOKING FORM

TICO Licence 1890937
CLIA
IATA
BBB

TOUR _____ DATE _____ DURATION _____

PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT.

1) LAST NAME _____ GIVEN NAMES _____ MR. MRS. MS
BIRTH DATE D _____ M _____ Y _____ CANADIAN PASSPORT OTHER _____
(PLEASE CIRCLE)

2) LAST NAME _____ GIVEN NAMES _____ MR. MRS. MS
BIRTH DATE D _____ M _____ Y _____ CANADIAN PASSPORT OTHER _____
(PLEASE CIRCLE)

PREFERRED NAMES FOR BADGE (IF DIFFERENT FROM ABOVE) _____

COMPLETE MAILING ADDRESS _____

BUZZER CODE (IF APPLICABLE) _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

ALTERNATE ADDRESS FOR DOCUMENT DELIVERY _____

I AM TRAVELLING: SINGLE WITH SPOUSE WITH COMPANION (NAME) _____

I WANT TO SHARE ACCOMMODATION AND WOULD LIKE A COMPANION: YES NO (SEE TERMS AND CONDITIONS IN THE BROCHURE)

IF APPLICABLE : TWIN BEDS QUEEN/KING BED SMOKING ROOM STUDIO 1 BEDROOM CABIN CATEGORY _____

DO YOU HAVE A RESTRICTED DIET (EXPLAIN) _____

OTHER REQUESTS _____

I NEED FLIGHTS INTO TORONTO FROM _____ PLEASE QUOTE

PLEASE SELECT ONE OF THE FOLLOWING INCLUDED FEATURES * [SEE TERMS AND CONDITIONS IN THE BROCHURE] *****

» RETURN LAND TRANSPORT TO TORONTO AIRPORT CLOSEST MAJOR INTERSECTION _____

» ONE NIGHT STAY AT AN AIRPORT HOTEL: BEFORE AFTER TRIP I WILL NEED PARKING YES NO

» I DO NOT REQUIRE ANY OF THE ABOVE, PLEASE CREDIT MY ACCOUNT

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME _____ RELATIONSHIP _____

EMAIL _____ PHONE (H) _____ PHONE (B) _____

DEPOSIT BY: CHEQUE VISA MASTER CARD **BALANCE BY:** CHEQUE CREDIT CARD

CARD HOLDER NAME _____ CARD NUMBER _____

EXPIRY DATE _____ **CARDHOLDER SIGNATURE** _____ DATE _____

Your signature indicates your acceptance of the following charge amount(s) to your credit card

PAYMENT \$ _____ PER PERSON X NO. OF PERSONS _____ = \$ _____

INSURANCE PREMIUM(S) IF REQUIRED \$ _____ + \$ _____ = \$ _____

[SEE BROCHURE] **COMPREHENSIVE** **CANCELLATION ONLY** **TOTAL = \$** _____

I/WE DO NOT REQUIRE INSURANCE COVERAGE PLEASE INITIAL _____

SIGNATURE(S) _____ **TODAYS DATE:** _____

I/we have read the terms and conditions contained in the brochure

PLEASE MAKE YOUR CHEQUE PAYABLE TO: TRAVEL GUILD INC. 2180 STEELES AVE. WEST, SUITE 219, CONCORD, ONTARIO L4K 2Z5

Phone 905-760-9229, Toll Free: 1-800-268-4284, Fax: (905) 760-8550, E-mail: tgimail@idirect.ca