

BRITISH COLUMBIA MEMORIES TOUR

August 23rd to 31st, 2010

Passenger name below: As it appears on your passport:

Last name: _____ **First name:** _____ **Initial:** _____
Title: Dr. Mrs. Ms. Mr. **First name you prefer to use:** _____
Address: _____ **Province/State:** _____ **Postal Code:** _____

Telephone: Home (_____) **Work** (_____) **Email:** _____

Passport nationality & Number: _____ **Expiration date:** _____

Date of Birth: _____ **Twin accommodation, sharing with:** _____

Dietary restrictions & other information:

While the trip is not excessively demanding, it is important that you be in reasonable health and physically fit. You must advise us of any medical conditions or physical challenges that might affect your mobility or otherwise interfere with your enjoyment of the tour. If you have any health concerns, you should check with your doctor about the advisability of travelling. Anyone requiring assistance must be accompanied by a companion who can provide it. This tour is based on a minimum number of participants.

Tour price: \$3495.00 CAD/USD; Payment can be by cheque or credit card.

- **Deposit: \$1000.00 CAD/USD;** per person. **Due as early as possible as space is limited.**
(Please read Cost of Tour page for cancellation penalties.)
- **Balance: \$2495.00 CAD/USD; due no later than May 21, 2010**
Single supplement: \$1565.00 CAD/USD; due with final payment.

Insurance: Insurance is optional but highly recommended. Please ask us for the details of insurance packages and applicable rates.

I would like to purchase comprehensive insurance for 9 days: _____ Yes _____ No.

1. Interests: i.e. History, hiking, gardens, bird watching, music, art, cooking?

What would you like to see and do?

2. Where did you hear about this trip?

3. Method of Payment: By cheque or money order - Please make payable to: **Executive Worldwide Travel, 55 Murray St., Suite 220, Ottawa, Ontario; K1N 5M3 CANADA**

By Credit card: Cardholder name: _____

Card name & number: _____

Signature on Card: _____

Security code: _____

Exp. date: _____

For further information, call Joyce at: (613) 695-0889 or Email: knitting@joycejamestours.com;

Trip details at: www.joycejamestours.com

Signature of Participant: _____

Date: _____

By signing this form clients are deemed to have read, understood and accepted the terms and conditions of booking as detailed on the tour website, Responsibility and Cost of Tour sections. Official invoices will be forwarded by Executive Worldwide Travel. Ontario Registration Number: 1892605.