

BCIT 2018

Tour Booking Form

BCIT 2018

Title / First Name / Surname	Nationality	Passport No.	Issue Date	Exp. Date	Date of Birth
1.					
2.					
3.					
4.					

Address	Emergency Contact Details	Known Medical Conditions – optional
	Name	
	Relationship	
	Address	
		Any Medications Required
Tel. No. (home):	Post/Zip Code	
Tel. No. (work):	Tel. No. (home)	
E-mail:	E-mail	

Travel Insurance:	On all of our tours it is compulsory that you have travel insurance. We offer travel insurance policies to all clients located in Canada or the USA. Insurance. Conditions apply. A completed Medical Questionnaire may be required. If you will arrange your own travel insurance, please rem				
Alternate Insurance:	Policy Issuer		Policy Number		Emergency Phone No:

TOUR CODE	TOUR NAME	Start Date	Tour Price:	No.	TOTAL (C\$):
BCIT- 2018	Best Classic Italy Tour 2018	September 7. 2018			

Payment Options – Cheque / Credit Card / Pay Pal.			TOTAL TOUR COST	
			Tax	
Deposit: C\$1000 p.p. Due at time of booking. Balance due June 30. 2018.			DEPOSIT	
Deposit is NON REFUNDABLE – Trip Cancellation Insurance Required.			BALANCE	
Cheques payable to Expedia CruiseShipCenter: Maple Ridge				

Special Requests (Diet, Food Allergies etc.)

How did you hear about the Tour (internet, magazine, friend etc.)

What is your preferred means of correspondence?	E-mail	Telephone	Fax	Post
Declaration	Name.....			
I have read, understood, and accept the booking conditions provided on the Western Driver and Expedia-CruiseShipCenter- Maple Ridge websites or printed material for all members of my party, by whom I am authorised to make this agreement. I enclose the deposit (as detailed above), which is non-refundable in the event of my cancellation.	Signature		Date	

CONTACT – Trevor Sandwell.

Expedia-CruiseShipCenter- Maple Ridge. Tel. 604 380 0820. Toll Free 1 888 787 7443 Fax 604 380 0822
110 – 22550 Dewdney Trunk Rd. Maple Ridge, BC. V2X 3J9

E-mail tsandwell@cruiseshipcenters.com www.cruiseshipcenters.com/TrevorSandwell BC Registration #53577