

Let's See Ontario Together - Registration Form

Participant 1

Name (as it appears in passport): _____

Date of Birth: month _____ day _____ year _____

Participant 2

Name (as it appears in passport): _____

Date of Birth: month _____ day _____ year _____

Street Address: _____ Apartment: _____

City: _____ Province/State: _____

Postal Code/ Zip: _____ Country _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Please reserve _____ place(s) for:

Let's See Ontario Together

I plan to share hotel accommodations with: _____

I am willing to share with another participant

Non-smoker only

I would like a single accommodation

Attached is my cheque in the amount of \$ _____

Please make cheque payable to: Stonetown Travel Ltd.

Return completed form to:

Stonetown Travel Ltd.
Attention: Louise Bell
P.O. Box 698
St. Marys, Ontario, Canada
N4X 1B4

For payment by credit card, please fill in the second page of this document and return it with this registration.

CREDIT CARD AUTHORIZATION FORM:

(All credit card charges will be processed by Stonetown Travel Ltd.)

Date: _____

_____ I authorize Stonetown Travel
sign please

to charge the amount of _____ Deposit \$500 CDN per person

to charge the amount of _____ Final Payment March 25, 2019

to my: _____ Visa, _____ Mastercard, _____ American Express

Card # _____ Expiry Date: _____

(CVV# 3 digits on the back of your credit card) _____

Name on card (**please print**): _____

Cardholder signature: _____

Date: _____

Billing Address: _____

City/Province/State: _____

Country _____

Postal Code/zip: _____

GOING PLACES TOGETHER

IN ASSOCIATION WITH:
Stonetown Travel Ltd.
Attention: Louise Bell
P.O. Box 698
St. Marys, Ontario,
Canada
N4X 1B4

TICO # 50010159