

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

Email: agent@stonetowntravel.com

Attention: Louise

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