

The Camino de Santiago for women 2020 Registration Form

Participant:

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)
(if reg: with companion traveller please fill out individual registrations.)**

Camino de Santiago 2020

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: Tillsonburg Travel

Return completed form to:

Tillsonburg Travel
175 Broadway,
Tillsonburg, On. N4G 3P9

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 Exodus Travel)

Date: _____

_____ I authorize Exodus Travel
sign please

to charge the amount of _____ Deposit \$500.00 CDN per person

to charge the amount of _____ Final Payment:

to my: _____ Visa, _____ Mastercard

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:

Tillsonburg Travel
175 Broadway
Tillsonburg, On.
N4G 3P9

TICO # 2053930

email: lisa20@bellnet.ca
or mbeth@bellnet.ca