

"God Sightings" Seniors Bus Tour Registration

September 26-29, 2017

WMB CHURCH/ONTARIO CONFERENCE OF MB CHURCHES



Ontario Conference
of Mennonite Brethren Churches



PLEASE PRINT & RESPOND IN ALL AREAS OR MARK AS N/A

Name: _____

Birth date: _____

dd/mm/yyyy

Name to print
on your badge: _____

Address: _____

Email: _____

Home
phone: _____

Cell/work
phones: _____

TRAVEL PARTNER PROGRAM for travelers with no companion (check one)

Would you like the tour organizers to try to find someone to share a twin room with you?

Yes

No, I will pay the Extra Single Supplement

YOUR TRAVELLING COMPANION INFORMATION (spouse or friend, if applicable)

Name: _____

Relationship

Birth date: _____

dd/mm/yyyy

Name to print
on their badge: _____

If companion's contact information differs from yours, please complete:

Address: _____

Email(s): _____

Home
phone: _____

Cell/work
phone(s): _____

NOTE: If staying with 3 or 4 persons to a room, please submit a second registration form for the 3rd and 4th guests.

DEPOSIT ENCLOSED (full payment due by MONDAY, JULY 31, 2017)

I am paying by cheque. Enclosed is my deposit for \$100 per person, payable to WMB Church (2017 Bus Tour on memo line).

I am paying my deposit of \$100 per person by credit card:
[NOTE: An additional 3% processing fee will be charged to credit card payments (i.e. \$103 per person)]

Credit

Card #: _____

Expiry: _____

CVV: _____

Billing
address: _____

Postal
code: _____

WMB/OCMBC have partnered with third party suppliers to compose this tour program. If for any reason beyond our control we are unable to supply a portion of the itinerary due to actions of a third party, we will replace that component with comparable or superior services.

CANCELLATION CHARGES and CONSENT

Up to 61 days before departure: full deposit is reimbursed (minus \$25 non-refundable)

- 60 - 45 days before departure: 25% of journey price
- 44 - 31 days before departure: 50% of journey price
- 30 - 0 days before departure: 100% of journey price

NOTE: OUT OF PROVINCE MEDICAL TRAVEL INSURANCE is required for all passengers.

I/We have read and understand all of the booking conditions and the cancellation policies of this tour.

Name: _____

Signature

Date

REGISTRATION FORMS

PLEASE SEND COMPLETED REGISTRATION FORMS AND DEPOSIT TO:

WMB CHURCH
ATTENTION: GARETH GOOSSEN
245 LEXINGTON RD,
WATERLOO, ON N2K 2E1

EMAIL: garethgoossen@wmbchurch.ca