REGISTRATION

Tour Date - Nov. 10 - 18, 2016 Date Filed LAST NAME FIRST NAME as in passport BIRTH DATE (day/mo/yr) Mailing address_____ Postal code_____ Tel. _____ Bus. ____ Cell ____ Special requirements: (medical, diet **ALL INCLUSIVE INSURANCE:** YES.... NO.... CANCELLATION/ INTERRUPTION: YES..... NO..... MEDICAL YES..... NO..... **Decline insurance () signature..... I wish to register and secure space on your tour departing (date) ______ Please find enclosed a Cheque for the amount of \$450 x ___ (# participants) = \$_____ or please charge my Card (for Deposit only): VI/MC No. _____ Exp: Mo. ____Yr.____ CVV_____ 3% service charge for credit card payment Date____ signature____

PLEASE ENCLOSE YOUR CHEQUE PAYABLE TO:

PEERLESS TRAVEL 429 Spadina Rd TORONTO, ON M4V 1X3

For more information and to register, please call:

Michelle at Peerless travel 416-485-9455, 1800 479-2933

or e mail - michelle@peerlesstravel.com