

ENROLMENT FORM

Fax: 1-800-556-6048

Mail: 80 Bloor Street West, 16th Floor, Toronto, ON, M5S 2V1

Please do not send cash payments.

Please ask your Group Leader to either affix label here or fill out the following:

Tour # (required for processing Enrolment Form): 207932571N
 Tour name and requested travel date and year: Writers Craft
 Group Leader: SMCOSB
 Group Leaders should not fill out an Enrolment Form for themselves.

TRAVELLER INFO Please use block capitals only. Important! Full name including middle name, if applicable, must be an exact match of your passport name. There is a minimum \$200 fee for name changes.

PASSPORT NAME
 FIRST NAME (no nicknames, i.e. Robert, not bobby) _____ MIDDLE NAME (if listed or will be listed on passport) _____
 LAST NAME _____

TRAVELLER INFORMATION
 DATE OF BIRTH (mm/dd/yyyy) _____ GENDER Male Female Yes No ARE YOU A CANADIAN CITIZEN _____
 HOME PHONE _____

TRAVELLER'S EMAIL (required for all tour communication) _____
 MAILING ADDRESS _____
 CITY _____ PROVINCE _____ POSTAL CODE _____

EMERGENCY CONTACT Required for all tour communication and in case of emergency. Emergency contact should not be travelling on tour or otherwise during the length of the tour.

CONTACT NAME
 FIRST NAME _____ LAST NAME _____

CONTACT INFORMATION
 RELATIONSHIP Parent Guardian Relative Spouse Friend Adult Minor Former _____ GENDER _____

CONTACT DETAILS
 CONTACT'S EMAIL (required for all tour communication) _____
 HOME PHONE _____ MOBILE PHONE _____

PAYMENT INFORMATION A \$199 deposit will be processed at the time of enrolment.

SELECT ONE OF OUR PAYMENT OPTIONS BELOW

AUTOMATIC PAYMENT PLAN (chequing or savings account only)
 Choose your payment schedule:
 Pay monthly on the _____ (1-26 accepted) of each month
 Pay every other _____ (Monday-Friday accepted)
If no date is chosen, the monthly withdrawal date will be the 1st of each month and weekly withdrawal date will be the Thursday of each week.

PAY IN FULL TODAY
 MANUAL PAYMENT PLAN
 Total amount to be processed at time of enrolment \$ _____
Two references EF to allow the bank account identified for this one time payment for the amount listed above, have been read and fully understand the Pre-Authorized Debit Agreement.

ACCOUNT TYPE
 Chequing account Savings account

TRANSIT/BRANCH _____ **INSTITUTION** _____

ACCOUNT _____

Please use bank account information from my personal cheque attached.
I/we authorize EF to begin automatic pre-authorized debit transactions for payment of my EF tour. I/we have completely read and fully understand the Automatic Payment Plan Terms and Conditions and Pre-Authorized Debit Agreement.

CREDIT CARD NUMBER _____ **EXPIRATION DATE** _____

BILLING POSTAL CODE _____

BILLING INFORMATION

Account/cardholder's name (please print) _____ **Billing email** _____

Billing address if different from traveller address _____

Account/cardholder's signature _____

SIGNATURE Your enrolment form must be signed by you, and if the applicant is under 18, by your parent/guardian.

I (or my parent/legal guardian if I am a minor enrollee) have completely read and fully understand EF's "Booking Conditions," as supplied herewith, and incorporated herein by reference and agree to be bound by, and to cause the above enrollee to comply with the "Booking Conditions."

Signature of enrollee (or parent/legal guardian if enrollee is a minor) _____ Date _____

Failure to sign these booking conditions will result in cancellation from tour and standard cancellation policy will apply.