

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 Enrollment Form): 207932571N
Tour name and requested travel date and year: Writers Craft
Group Leader: SMCOSB
Group Leaders should not fill out an Enrollment 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
	TRAVELLER'S EMAIL (required for all tour communication)	ARE YOU A CANADIAN CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No
	MAILING ADDRESS	HOME PHONE
	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 <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Spouse <input type="checkbox"/> Friend	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
CONTACT DETAILS	CONTACT'S EMAIL (required for all tour communication)	MOBILE PHONE
	HOME 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 debit 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	<input type="checkbox"/> Chequing account <input type="checkbox"/> Savings account	CREDIT CARD NUMBER
TRANSIT/BRANCH	INSTITUTION	BILLING POSTAL CODE
ACCOUNT		EXPIRATION DATE

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.

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.