Optional Tours: The Olave Baden Powell Society, June 2019

Note: this reservation form must be printed before filling in.

Participant 1 Name (as it appears in pass	sport):	
Date of Birth:		
Participant 2 Name (as it appears in pass	sport):	
Date of Birth:		
Street Address:		Apartment:
City:	Province/State:	
Postal Code/ Zip:	Country	
Home Telephone:		
Work Telephone:		
E-mail:		
Please reserve place(s	s) for	
 □ Option # 2 - June 2 □ Option # 3 - June 2 □ Option # 4 - June 1 □ Option # 5 - June 1 	3-28, 2019 Follow 3-26, 2019 Ottaw 6-20, 2019 Circle 6-20, 2019 Northe 3-27, 2019 All Car 3-27, 2019 Histor	a and Kingston Georgian Bay ern Ontario nadian Agawa Canyon y and Estates
☐ I plan to share hotel acc	ommodations with:	
\square I am willing to share with	h another participant	
1	Non-smoker only	
Attached is my cheque in th	ne amount of \$ 300.00 (Canadian per person per tour. (Deposit)
DI		

Please make cheque payable to: Stonetown Travel Ltd.

Return this completed form to: Stonetown Travel Ltd. Attention: Louise Bell P.O. Box 698, St. Marys, Ontario, Canada N4X 1B4

CREDIT CARD AUTHORIZATION FORM:

N4X 1B4

(All credit card charges will be processed by Hanover Holidays Ltd.) Date: I authorize Stonetown Travel sign please to charge the amount of______ Deposit \$300.00 CDN per person to charge the amount of Final Payment 90 days prior to departure to my:_____ Visa, ____ Mastercard, ____ American Express Card # _____ expiry date:_____ (CVV# 3 digits on the back of your credit card) _____ Name on card (please print): Cardholder signature: Billing Address: City/Province/State: Postal Code/zip: Telephone: ______ Fax: ______ Going Places Together, in association with: Stonetown Travel Ltd. TICO # 50010159 Attention: Louise Bell P.O. Box 698 St. Marys, Ontario, Canada