

Please complete and return to John Steel Rail Tours. Some information is for use in the event of an emergency and may be shared with any persons providing you with care. Thank you.

Tour name & code: _____ **Departure date:** _____

Group tour: Yes No Are you booking through a travel agent? Yes No

Guest name: (Mr / Miss / Mrs / Ms / Dr) _____ **Preferred name:** _____

Address: _____

Mailing address: (if different) _____

Phone: _____ Fax: _____ Email: _____ Date of birth: (m/d/y) _____

Travelling Companion name: (Mr / Miss / Mrs / Ms / Dr) _____

Preferred name: _____ Date of birth: (m/d/y) _____

JSRT tour starts from: Home Hotel (name): _____ Train Station Airport: Airline / Flight # / arrival time _____

Hotel occupancy: Single Double (one bed) Twin (two beds) Triple

Optional air: Accepted Declined Initials _____ **Amtrak optional rail:** Accepted Declined Initials _____

VIA Rail train accommodation: Upper berth Lower berth Roomette Bedroom VIA Preference #: _____

Optional Insurance: Cancellation: Accepted Declined Initials _____ **Medical:** Accepted Declined Initials _____

Service details: Medications: Yes No If yes, please list _____ Smoking: Yes No

Name and phone # of your pharmacy: _____

Dietary/mobility requests: _____

Special occasions: _____

Emergency contact name: _____ Relationship: _____ Phone & Fax: _____

Please note that service requests cannot be guaranteed.

Payment: Total amount enclosed: \$ _____ Cdn _____ Cheque (pre-approved) Bank Draft Visa MC Amex

Card no.: _____ Cardholder's name: _____

Expiry date: _____ Cardholder's signature: _____

Billing address: (if different from above) _____

Credit card payments: We will automatically process the balance due 60 days prior to departure.

Signature(s): _____ **Date:** _____

In signing above you affirm you have read, understood, and agreed to John Sharpe's Rail Tours Ltd. General Conditions & Waiver