

CLUB DORVAL 55+ VOYAGEURS IN CONJUNCTION WITH UNIGLOBE LE CENTRE DE VOYAGES DORVAL

NAME _____

TITLE FIRST LAST

ADDRESS _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS: _____

GENDER. M _____. F _____. DATE OF BIRTH: (MM/DD/YYYY). _____

SHARING ROOM WITH _____

EMERGENCY CONTACT: NAME : _____

RELATIONSHIP : _____

PHONE : _____

PAYMENT INFORMATION: \$500. Required by Feb. 13; balance due by May 19th

CASH ____ CHEQUE ____ OR E- TRANSFER _____ sheryl@uniglobedorval.com

Prior to e-transfer, advise Uniglobe of your transaction.

NOTE: IF YOU PAY BY CREDIT CARD, A 3% FEE WILL BE CHARGED, BUT YOUR CREDIT CARD MAY HAVE AN INSURANCE PLAN OPTION.

CREDIT CARD : VISA ____ MASTERCARD ____ AMEX ____ DINERS ____ DISCOVER ____

CREDIT CARD HOLDER'S NAME _____

CREDIT CARD NUMBER _____ EXP. DATE _____

3 digit CVV _____ (MM/YY)

MEDICAL INFORMATION:

1) DO YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD KNOW ABOUT ?

2). ANY LIFE-THREATENING ALLERGIES? _____

IF YES, NAME OF PHYSICIAN AND PHONE NUMBER
