



Montreal Noel
Wednesday, December 12 – Saturday, December 15, 2018

Reservation form – complete ALL PAGES and sign. Retain a copy for your file - PRINT PLEASE

Name *exactly* as on your passport _____

Date of Birth _____ **Country of Citizenship** _____

Spouse/Partner [if also travelling] *exactly* as on passport _____

Date of Birth _____ **Country of Citizenship** _____

Address _____

City/State _____ **ZIP** _____

Phone _____ **(day)** _____ **(evening)** **Cell #** _____

e-mail address _____

Please reserve a **DOUBLE Room** **Rooms with two beds are limited. Indicate your need here:**
___ A double room with one bed is acceptable (queen or king) ___ We require a room with two beds

SINGLE Room

Name of any roommate(s) if not listed above: _____

Each roommate, unless a spouse/partner as indicated above, must also complete a registration form.

PASSENGERS MUST CARRY PROOF OF CITIZENSHIP FOR TRAVEL INTO CANADA. ACCEPTABLE FORMS OF IDENTIFICATION ARE A VALID PASSPORT OR ENHANCED DRIVERS LICENSE (EDL). TRAVELERS ARE PERSONALLY RESPONSIBLE FOR OBTAINING AND CARRYING THE CORRECT DOCUMENTS. ANY PASSENGER WITH A CRIMINAL CONVICTION RECORD WILL BE REFUSED ADMISSION INTO CANADA, AND RESPONSIBLE FOR THEIR RETURN HOME FROM THE BORDER CROSSING.

_____ I understand that I/we must be in possession of a valid passport issued by the United States of America or other recognized government for the duration of the travel dates.

Country issuing your passport: _____

_____ I have included a copy of my passport (*required before the trip*)
(If a traveler is not a citizen of the United States, please notify us well in advance of the tour.)

Montreal Noel – continued

Your Name _____

LANDMARK SOCIETY MEMBERS:

\$1,675 x _____ (number of people) = \$ _____

Single occupancy please add \$270 \$ _____

NON- MEMBERS please add \$50 charge \$ _____

TOTAL TRIP COST \$ _____

Enclosed (\$250 per person, or total amount due if you prefer) \$ _____

BALANCE DUE (if any) by October 13, 2018 \$ _____

___ Check enclosed, made payable to “The Landmark Society”

___ Credit Card – please circle: Visa Mastercard Discover American Express.

Card Number _____

Expiration Date _____ CSV _____

Signature _____

PRINT YOUR NAME _____

Cancellations/Refund Policy

Cancellation charges will be assessed as follows: Prior to Nov.1, \$250 Per Person After Nov. 1, NO REFUND
Cancellation fees include all penalties assessed by the Hotels, Tour Companies, Ground Operator, and The Landmark Society. Travel Insurance is strongly recommended.

RESPONSIBILITY: The Landmark Society acts only as agents for the owners or contractors providing transportation or other services. All tickets are issued subject to any terms and conditions under which these means of transportation or other services are provided. The acceptance of your documents will be deemed to be consent to the further condition that neither the Landmark Society will be held responsible in any way in connection with transportation or other services or for any loss however caused. The tickets and/or contracts in use by any owner or contractor providing transportation or other services shall constitute the sole contract between themselves and the tour member. The right is reserved to withdraw any tour and/or make alterations in the itinerary, if found necessary, and to decline to accept or retain any persons as a member at any time. Bills are submitted subject to correction for error or adjustment for changes. The Landmark Society is unable to provide a refund for any unused portion of the package. Package price is guaranteed when paid in full, however, may be subject to change based on currency fluctuations or tax increases or fuel charges, which are beyond the control of the Landmark Society. Coach seat assignments are on a request basis only and are not guaranteed. All trips are based on group space availability and are subject to be withdrawn by the Landmark Society at any time.

To the best of my/our knowledge, I/We are in good state of health and are not suffering from any physical condition which might be detrimental to my/our own safety, comfort and convenience and that of the other participants during the tour. If any participant named on this application has a specific physical condition, disability, allergy or dietary requirement that may require special attention or treatment, such details must be reported with this application. **I understand that this trip may require walking, climbing stairs, standing for extended periods, and one outdoor tour in cold weather.** The Landmark Society reserves the right to deny participation to anyone who, in their opinion, may delay, interrupt, or in any way impede the normal course of the tour and, thus, affect the enjoyment of the remaining participants. I (we) have read, understand and agree to the conditions as set forth on this flyer, including those paragraphs relating to payments, cancellations, and refunds. *One person may sign as a representative of all family members.*

Signature _____

Date _____

LANDMARK SOCIETY EMERGENCY INFORMATION for Montreal Trip - Please PRINT

TRAVELERS NAME _____

SPOUSE/PARTNER if also travelling _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

TELEPHONE _____ CELL # _____

IN CASE OF AN EMERGENCY DURING THE TRIP PLEASE NOTIFY:

NAME _____

RELATIONSHIP TO TRAVELER _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

DAY TELEPHONE _____ EVENING PHONE _____ CELL _____

EMAIL _____

Are you presently on any medication, or do you have any medical/physical problems of *which the escort should be made aware?* If so, please specify. This information will be kept confidential.

Traveling with (other than spouse if listed above): _____

PLEASE RETURN THESE FORMS (Make a copy for your records)

If paying by check or credit card you may send it by mail to:

The Landmark Society of Western NY; 133 S. Fitzhugh St.; Rochester NY 14608

If paying by credit card only you may:

Send it by secure Fax to (585 546-4788)

Send it by email by scanning the pages and emailing chaygood@landmarksociety.org

For additional assistance feel free to call us at 585 546-7029 x11.