



Registration Form

Mailing Address: PO BOX 97086 Calgary AB T3K0P2
 Office Address: 1000, 9650 Harvest Hills Blvd NE, Calgary, AB (inside T&T Market)
 Tel: 587-393-1268

WWW.ALLPLACETRAVEL.COM

INFO@ALLPLACETRAVEL.COM

Office Use Only:	Tour Code	No.	No.
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Client Information * All names provided below must be identical to your passport.

*Last Name	M <input type="checkbox"/>	*Last Name	M <input type="checkbox"/>
*Given Name:	F <input type="checkbox"/>	*Given Name:	F <input type="checkbox"/>
*Date of birth: _____(Date)_____(Month)_____(Year)		*Date of birth: _____(Date)_____(Month)_____(Year)	
E-mail:		E-mail:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
Postal Code:		Postal Code:	

Tour Information

Departure Date _____(Date) _____(Month)_____(Year)	Departure City Calgary <input type="checkbox"/> Edmonton <input type="checkbox"/> Regina <input type="checkbox"/> Vancouver <input type="checkbox"/>
Duration: _____ Days	Other city:

Special Requirements

Room Share:	<input type="checkbox"/> I want to look for roommate(s). If he/she couldn't be found, the reservation is to be cancelled. <input type="checkbox"/> I want to look for roommate(s). If he/she couldn't be found, I am willing to pay the price difference of single room. <small>*For the price difference for the single room, please check the website: www.allplacetravel.com or contact us: 587--393--1268</small>
Visa application by Allplace travel: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to buy the airplane tickets by yourself? (LANDONLY): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies (If yes):	

Signature of the Client: _____ Reservation Date: _____

Please read cautiously the Terms & Conditions.