

# Wa Wa Shriners Post-Imperial Session to Nashville & Memphis

TOUR DATES JULY 5TH-8TH 2019

Passenger 1	Surname	Given Name (As per passport)	Date of Birth (MM/DD/YY)	Preferred Name
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Passenger 2	Surname	Given Name (As per passport)	Date of Birth (MM/DD/YY)	Preferred Name
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Mailing Address	Street			
	City		Province/State	
	Postal/Zip Code		Country	

Contact Information	Home Phone	Email
	Cell Phone	Fax

**PLEASE SCAN & FAX/EMAIL A COPY OF YOUR PASSPORT**

Emergency Contact	Name	Relationship
	Address	Phone/Emergency

Special Requirements - Please mention any special needs or requirements that the tour leader should know about:  
Example: Medical Conditions, Medications, Allergies, Disabilities, Impairments, other....

**Deposit: \$350.00 Per Person to secure seat**

**Twin Rate: \$1396.00 per person**

**Single Rate: please add \$374.00**

Initial Deposit of \$ 350.00 per person required by to secure your seat. Deposit due by November 1st 2018.

Final Payment due April 1st 2019

Booking forms must be filled & emailed or faxed to: Email: [julie@leadertours.ca](mailto:julie@leadertours.ca) Fax: 403-764-2042

FINAL PAYMENT CAN BE MADE VIA CHEQUE, CREDIT CARD OR BANK TRANSFER: Cheque payable to Leader Tours

This package is 100% non-refundable: Cancellation Insurance must be purchased with this tour package or you must provide proof of coverage through your insurance provider

I have insurance through another provider

I would like to purchase insurance through Leader Tours

### Booking Conditions:

1. Tour deposit due no later than November 1st 2018
2. Tour package is 100% non-refundable
3. Guaranteed departure with a minimum of passengers
4. Tour itinerary is subject to change
5. Final payment is due no later than April 1st 2019
6. Final payment can be paid via CC, Cheque or Bank Transfer
7. I am physically able to travel
8. I have read & understand the booking conditions

Signature/Initial:

Date:

I authorize Leader tours to charge the card provided for the following:

Card type:

Card Number:

Exp. 3 Digit CVV

Insurance Amount:

Deposit Amount:

Total Amount to be charged:

Signature/Initial:

Date:

**Leader Tours Inc.**  
113, 4515 Bow Trail SW  
Calgary, Alberta, T3C 2G3

**Phone/Fax**

P: 403-764-2044

F: 403-764-2042

**Email**

[Lawrence@leadertours.ca](mailto:Lawrence@leadertours.ca)

[Julie@leadertours.ca](mailto:Julie@leadertours.ca)