



Toronto Yule Registration and Emergency Form: Tuesday December 17 – Thursday December 19
Complete ALL PAGES and sign, retain a copy for your file - PRINT PLEASE

Name [exactly as appearing on passport] _____

Date of Birth _____ Citizenship _____

Spouse/Partner's Name [if also travelling] _____

Date of Birth _____ Citizenship _____

Address _____

City/State _____ ZIP _____

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

E-mail address. Please print clearly, we will email you with updates on the trip.

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)

DOUBLE ACCOMODATION Roommate name if not spouse/partner: _____
Each roommate, unless a spouse/partner, must also complete a registration form.

SINGLE ACCOMODATION (please add single supplement below)

LANDMARK SOCIETY MEMBERS:

\$1,750 x ____ (number of people) \$ _____

Single occupancy add \$390 x ____ (number of people) \$ _____

NON- MEMBERS add \$200 x ____ (number of people) \$ _____

TOTAL TRIP COST \$ _____

(transfer this amount to the next page)

Reservation Deadline: September 15, 2019

Cancellations/Refund Policy: Cancellation charges will be assessed as follows:

Prior to Sept, 15, 2019..... \$125 Per Person September 15 to Day of Departure.....NO REFUND

Cancellation fees include all penalties assessed by Hotels, Tour Companies and The Landmark Society. Travel Insurance strongly recommended.

PAYMENT INFORMATION for Toronto Yule

Your TOTAL TRIP COST (from the first page): \$ _____

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

BALANCE DUE (if any) by September 15, 2019 \$ _____

Please mark your calendar; you will not receive a second bill

___ 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 _____

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, 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 based on group space availability and are subject to be withdrawn by the Landmark Society at any time.

I understand that this trip will have a moderate level of activity, including walking over uneven ground, climbing stairs, and standing for extended periods. To the best of my/our knowledge, I/We are in good state of health and are not suffering from any physical condition that might be detrimental to my/our own safety, comfort and convenience and that of 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 on this application.** 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 TOURS EMERGENCY INFORMATION Please PRINT

TRAVELER NAME _____

TRAVELER NAME _____

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, which *the staff escort should be made aware of?* If so, please specify. This information will be kept confidential.

Traveling with: _____

PLEASE INDICATE ANY DIETARY ALLERGIES, RESTRICTIONS/ REQUIREMENTS _____

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; 5 Castle Park; Rochester NY 14620

If paying by credit card only you may:

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

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

For additional assistance, feel free to call us at 585 546-7029 x10.