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Van Shuttle Booking Form

CUSTOMER DETAILS

Customer Name _____
 Residence _____ / _____
City / Province or State

Phone Number _____
 Cell Number _____
(if you are bringing it on your trip)

TRAVEL DETAILS

Where are we taking you? (select one only) Big White Apex Mountain Sol Mountain
 Silver Star Monashee Powder Other _____

Hotel / Condo name _____ if applicable Accommodations Company _____ if applicable

Arrival Information

Date _____
 Airline _____
 Flight Number _____
 Arrival Time _____
 # of Passengers _____ / _____
Adults Children < 13 yrs

Departure Information

Date _____
 Airline _____
 Flight Number _____
 Departure Time _____ (flight departure time)
 # of Passengers _____ / _____
Adults Children < 13 yrs

I will require a liquor and/or grocery stop on the way to my destination (no extra charge) Yes No

PRICE

Number of		Details - please contact Discover Okanagan Tours for clarification	Price per		Subtotal
adults	children*		adult	child	
* children are 12 and under GST (6%) (min charge is price for 4 adults)					
Total Price (Cdn \$)					

TERMS

Cancellation Policy and Acceptance of Terms: Upon receiving written notice of cancellation, the balance of your trip fee will be refunded according to the following schedule:
 a. 30 days or more prior to your arrival, full refund. b. between 7 and 30 days prior to your arrival, full refund less 10% of Total Price c. within 7 days, no refund.
 Discover Okanagan Tours endeavors to get you there on time, however we will not be held responsible for any delays due to circumstances such as bad weather, accidents, road closures etc. By signing below, I accept the terms of this agreement and further authorize Discover Okanagan Tours to debit my credit card for the amount indicated.

PAYMENT

Card Type VISA MASTERCARD Cheque (payable to Discover Okanagan Tours)
 Credit Card Number _____ / _____ / _____ / _____ Expiry Date _____ / _____
mm yy
 Name on Credit Card _____
 Signature of Cardholder _____ Date of Signing _____

CONFIRMATION

I would like to receive my Shuttle Confirmation by: (circle one)
 Email / Fax / Other: _____

For office use only: Booking Reference _____ CS Date: _____ Cal CP
 PAID: Authorization: _____ Date: _____ BR