

How to fill out a Reservation form



1. Fill in your personal information as clearly and legibly as possible. Please ensure that the information provided is current and up-to-date. If your information changes at anytime before your trip's scheduled date of departure, contact our office IMMEDIATELY to make these changes.

PASSENGER INFORMATION - PRINT CLEARLY	
MR. <input type="checkbox"/> MS. <input type="checkbox"/>	NAME: _____
<small>(PLEASE PROVIDE YOUR FIRST AND LAST NAME AS IT APPEARS ON YOUR PASSPORT OR BIRTH CERTIFICATE)</small>	
ADDRESS: _____	
CITY: _____	PROVINCE/STATE: _____
POSTAL CODE/ZIPCODE: _____	GRADE/YEAR: _____
DATE OF BIRTH (mm/dd/yy): ____/____/____	
HOME # () _____	CELL # () _____

2. You **MUST** provide Breakaway Tours with an e-mail address that is operational right up until your scheduled date of departure. This e-mail address will be the primary source of communication between Breakaway Tours and yourself when addressing issues such as payment due dates, pick-up and departure information, E-tickets, etc...

IMPORTANT! <small>PLEASE PROVIDE US WITH A CURRENT EMAIL ADDRESS. ALL TRAVEL CORRESPONDENCE WILL BE SENT VIA EMAIL</small>
EMAIL: _____

3. You must provide Breakaway Tours with the contact information for an individual who is to be contacted in the event of an emergency. Please note that this individual can not be someone who is attending the same trip as you.

EMERGENCY CONTACT	
<small>ALL PASSENGERS MUST PROVIDE US WITH AN EMERGENCY CONTACT IN CASE OF MEDICAL EMERGENCY AT DESTINATION. PASSENGERS UNDER THE AGE OF 18 MUST PROVIDE CONTACT INFORMATION OF YOUR LEGAL PARENT OR GUARDIAN.</small>	
NAME: _____	
RELATION: _____	
HOME # () _____	CELL # () _____
EMAIL: _____	

4. If applicable, please let us know which school you currently attend, as well as the name(s) of the group organizer(s) who is organizing the trip you are registering for (please note that these individuals do not need to be students at your current school and vice versa).

GROUP INFORMATION
SCHOOL NAME (if applicable) : _____
REP (S): _____

5. You **MUST** “decline” or “accept” the comprehensive insurance policy. If the policy is not declined nor accepted correctly by both checking off the appropriate box, and signing the appropriate areas directly underneath these boxes, the comprehensive insurance policy will be automatically added to your reservation. If you are under the age of 18, you must also have your parent or legal guardian sign it as well. Please note that once the comprehensive insurance policy has been added to your reservation, it can not be removed.

OPTIONAL TRAVEL INSURANCE			
BREAKAWAY TOURS STRONGLY RECOMMENDS THAT ALL PASSENGERS PURCHASE TRAVEL INSURANCE. WE OFFER A COMPREHENSIVE ALL-INCLUSIVE INSURANCE PACKAGE THAT INCLUDES TRIP CANCELLATION, MEDICAL EMERGENCY AND LOSS OF BAGGAGE. THE INSURANCE OPTION MUST BE PURCHASED AT TIME OF BOOKING. IF YOU DO NOT ACCEPT OR DECLINE THE INSURANCE YOU WILL AUTOMATICALLY BE CHARGED FOR IT. BREAKAWAY TOURS TRAVEL INSURANCE IS UNDERWRITTEN BY AIG TRAVEL GUARD CANADA 1 866 878 0191.			
NUMBER OF DAYS	TRIP VALUES UNDER \$750	TRIP VALUES \$750-\$1500	TRIP VALUES OVER \$1500
1-3	\$20	\$79	\$99
4-6	\$29	\$79	\$99
7-10	\$35	\$79	\$99
<input type="checkbox"/> I HEREBY ACCEPT THE COMPREHENSIVE TRAVEL INSURANCE <input type="checkbox"/> I HEREBY DECLINE THE COMPREHENSIVE TRAVEL INSURANCE			
_____ PASSENGER'S SIGNATURE		_____ DATE	
_____ PARENT/GUARDIAN SIGNATURE		_____ DATE	

6. Make sure to fill out the destination, departure date, and the hotel/resort your group is planning on staying at. If you're booking a trip that does not indicate the exact hotel with which you will be staying at, but instead lists “downtown” or “suburban” accommodations, please ensure that you identify your group's selection in this field.

TRIP INFORMATION
DESTINATION: _____
DEPARTURE DATE: _____
HOTEL/RESORT: _____

6.5 Next you will have to indicate as to which occupancy rate you would like to have for your room. If you do not choose an occupancy rate, the maximum rate will be automatically selected for you (it is the passenger's responsibility to ensure that they have the correct number of people in their room, Breakaway Tours is not responsible for assigning individuals to rooms to make up for missing roommates).

CHOICE OF ROOM OCCUPANCY	5	4	3	2	OTHER _____
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7. Using your room occupancy rate, you will be able to get the subtotal price of your trip. If you are purchasing ski-lift passes or pre-purchasing event tickets, please fill out your selection in “other”.

SUBTOTAL	\$ _____
COMPREHENSIVE INSURANCE (Must be Paid at Time of Booking)	\$ _____
OTHER: _____	\$ _____
APPLICABLE TAXES (GST, HST, Departure Taxes etc..)	\$ _____
PROCESSING FEE (Does NOT apply to ONLINE reservations)	\$ 9.00
TOTAL TRIP PRICE	\$ _____

8. Please fill out who you would like to room with on your trip. Due to the nature of our advanced bookings, and the general age of our cliental, the names submitted in this field will be used as a guideline ONLY, and the final rooming list will be confirmed by the group organizer(s) at a date closer to the final departure date. It is the passenger's responsibility to ensure that the group organizer(s) is aware of their roommate choices. If in the instance that a roommate cancels their reservation before making the final payment, the remaining roommates' reservations will be adjusted according to the new occupancy rate, and each individual will be responsible for paying the new balance owing towards their account.

ROOMING LIST	
Space is only held for those who paid. If one of your roommates has cancelled, a lower occupancy rate will apply.	
2. _____	3. _____
4. _____	5. _____

9. Please identify as to which method of payment you would like to use. If you would like to pay by cheque or money order, make sure to attach it to the upper left corner of your reservation form, and continue on to Step 12. If you would prefer to pay with a credit card, please proceed to Step 10. PLEASE NOTE THAT WE DO NOT ACCEPT CASH.

PAYMENT INFORMATION	
ALL PAYMENTS MUST BE MADE PAYABLE TO BREAKAWAY TOURS. PLEASE ENSURE THAT ALL CHEQUES OR MONEY ORDERS STATE THE PASSENGER'S NAME AND SCHOOL THEY ATTEND. CASH IS NOT AN ACCEPTABLE METHOD OF PAYMENT.	
METHOD OF PAYMENT: <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD	
AMOUNT OF INITIAL DEPOSIT: (deposits are non transferable and non refundable)	\$ _____

10. Please fill out all credit card information as clearly and legibly as possible. Make sure to clearly indicate the amount you would like to have charged to your credit card for the initial deposit amount.

CREDIT CARD INFORMATION	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
CREDIT CARD #: _____	EXP DATE: ____/____
CARDHOLDER'S NAME: _____	
PHONE: () _____	
<input type="checkbox"/> I HEREBY AUTHORIZE BREAKAWAY TOURS TO CHARGE THE AMOUNT OF \$ _____ TO MY CREDIT CARD ACCOUNT AS STATED ABOVE.	

11. If you would like to be free of the hassle of having to submit your monthly payment every month on your own, you have the opportunity here to pre-authorize your credit card to be charged on the 15th of every month for the minimum payment amount due (please refer to your Breakaway Tours brochure or see your group organizer(s) for this amount).

<input type="checkbox"/> I HEREBY AUTHORIZE BREAKAWAY TOURS TO CHARGE \$ _____ PER MONTH TO MY CREDIT CARD AS STATED ABOVE. THE FINAL BALANCE WILL BE CHARGED 90 DAYS PRIOR TO THE DATE OF DEPARTURE.	
SIGNATURE OF CARDHOLDER _____	
DATE _____	

12. Once you have completed the above steps, you will need to review our terms and conditions located in this section, as well as on the back of the reservation form. If you do not have a copy of the terms and conditions they can be found here. Once you have reviewed our terms and conditions, you will need to sign that you agree to the terms and conditions to complete the booking process. If you are under the age of 18, your parent or legal guardian must also sign and agree to the terms and conditions as well.

TERMS AND CONDITIONS

PLEASE REVIEW THE FOLLOWING TERMS AND CONDITIONS BEFORE SIGNING THIS RESERVATION FORM

THIS RESERVATION FORM ALONG WITH ITS ATTACHED INITIAL DEPOSIT IS TO CONFIRM THE PASSENGER'S (LISTED ABOVE) INTEREST IN TRAVELING WITH BREAKAWAY TOURS. CONFIRMATION WILL BE MADE UPON RECEIPT OF THIS RESERVATION FORM. FINAL PAYMENT IS DUE 90 DAYS PRIOR TO THE DATE OF DEPARTURE FOR FLIGHT PACKAGES AND 60 DAYS PRIOR TO THE DATE OF DEPARTURE FOR BUS PACKAGES. IF A PAYMENT IS NOT RECEIVED BY THE DUE DATE OUTLINED IN THE PAYMENT SCHEDULE THE RESERVATION WILL BE CANCELED. IF PAYMENT IS RECEIVED LATE, THE PASSENGER WILL BE SUBJECT TO A \$25 REINSTATEMENT FEE FOR BUS AND HOTEL BOOKINGS AND A \$100 REINSTATEMENT FEE FOR FLIGHT PACKAGE BOOKINGS IF SPACE IS AVAILABLE. AN ADMINISTRATION FEE OF \$100 WILL APPLY TO ALL NAME CHANGES. NAME CHANGES ARE NOT PERMITTED WITHIN 30 DAY OF DEPARTURE. NSF CHEQUES WILL BE SUBJECT TO A \$30 SERVICE CHARGE. LOWER ROOM OCCUPANCY CHARGES MAY APPLY IF A LOWER OCCUPANCY IS CHOSEN. NEITHER BREAKAWAY TOURS NOR ITS STAFF ARE RESPONSIBLE FOR INDIVIDUALS WHILE THEY ARE ON THEIR TRIPS. ANY ACTIONS MADE BY STUDENTS ARE OF THEIR OWN RESPONSIBILITY. THIS IS NOT A SCHOOL SANCTIONED TRIP. IF A STUDENT IS UNDER THE AGE OF 18 YEARS OLD AT THE TIME OF SIGNING THIS RESERVATION FORM A LEGAL PARENT OR GUARDIAN MUST ALSO SIGN AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. PLEASE READ THE REVERSE SIDE OF THIS RESERVATION FORM FOR ADDITIONAL TERMS AND CONDITIONS.

I HAVE READ, UNDERSTAND, AND AGREE TO BOTH THE FRONT AND BACK TERMS AND CONDITIONS OF THIS RESERVATION FORM

PASSENGER'S SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

DATE _____

DATE _____

FOR OFFICE USE ONLY RES#



RESERVATION FORM

Clarica Centre West Tower

Suite 1800

Canada

M8X 2X2

FOR SAMPLE PURPOSES ONLY

If you BOOK ONLINE you DO NOT need to PAY the PROCESSING FEE

PASSENGER INFORMATION - PRINT CLEARLY

MR. MS. NAME: _____

(PLEASE PROVIDE YOUR FIRST AND LAST NAME AS IT APPEARS ON YOUR PASSPORT OR BIRTH CERTIFICATE)

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL CODE/ZIPCODE: _____ GRADE/YEAR: _____

DATE OF BIRTH (mm/dd/yy): ____/____/____

HOME # () _____ CELL # () _____

IMPORTANT!

PLEASE PROVIDE US WITH A CURRENT EMAIL ADDRESS. ALL TRAVEL CORRESPONDENCE WILL BE SENT VIA EMAIL

EMAIL: _____

EMERGENCY CONTACT

ALL PASSENGERS MUST PROVIDE US WITH AN EMERGENCY CONTACT IN CASE OF MEDICAL EMERGENCY AT DESTINATION. PASSENGERS UNDER THE AGE OF 18 MUST PROVIDE CONTACT INFORMATION OF YOUR LEGAL PARENT OR GUARDIAN.

NAME: _____

RELATION: _____

HOME # () _____ CELL # () _____

EMAIL: _____

GROUP INFORMATION

SCHOOL NAME (if applicable) : _____

REP (s): _____

OPTIONAL TRAVEL INSURANCE

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NUMBER OF DAYS	TRIP VALUES UNDER \$750	TRIP VALUES \$750-\$1500	TRIP VALUES OVER \$1500
1-3	\$20	\$79	\$99
4-6	\$29	\$79	\$99
7-10	\$35	\$79	\$99

I HEREBY ACCEPT THE COMPREHENSIVE TRAVEL INSURANCE

I HEREBY DECLINE THE COMPREHENSIVE TRAVEL INSURANCE

PASSENGER'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TRIP INFORMATION

DESTINATION: _____

DEPARTURE DATE: _____

HOTEL/RESORT: _____

CHOICE OF ROOM OCCUPANCY 5 4 3 2 OTHER _____

SUBTOTAL \$ _____

COMPREHENSIVE INSURANCE (Must be Paid at Time of Booking) \$ _____

OTHER: _____ \$ _____

APPLICABLE TAXES (GST, HST, Departure Taxes etc.) \$ _____

PROCESSING FEE (Does NOT apply to ONLINE reservations) \$ 9.00

TOTAL TRIP PRICE \$ _____

ROOMING LIST Please indicate your roommate choices below

Space is only held for those who paid. If one of your roommates has cancelled, a lower occupancy rate will apply.

2. _____ 3. _____

4. _____ 5. _____

PAYMENT INFORMATION

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METHOD OF PAYMENT: CHEQUE MONEY ORDER CREDIT CARD

AMOUNT OF INITIAL DEPOSIT: \$ _____
(deposits are non transferable and non refundable)

CREDIT CARD INFORMATION

VISA MASTERCARD

CREDIT CARD #: _____ EXP DATE: ____/____

CARDHOLDER'S NAME: _____

PHONE: () _____

I HEREBY AUTHORIZE BREAKAWAY TOURS TO CHARGE THE AMOUNT OF \$ _____ TO MY CREDIT CARD ACCOUNT AS STATED ABOVE.

I HEREBY AUTHORIZE BREAKAWAY TOURS TO CHARGE \$ _____ PER MONTH TO MY CREDIT CARD AS STATED ABOVE. THE FINAL BALANCE WILL BE CHARGED 90 DAYS PRIOR TO THE DATE OF DEPARTURE.

SIGNATURE OF CARDHOLDER _____

DATE _____

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I HAVE READ, UNDERSTAND, AND AGREE TO BOTH THE FRONT AND BACK TERMS AND CONDITIONS OF THIS RESERVATION FORM

PASSENGER'S SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

DATE _____

DATE _____