W HOLIDAYS INC.
Suite 1400, 18 King St East, Toronto, ON, M5C 1C4
Phone: 647.557.1496 Fax: 1.888.276.4828
E-mail: info@wholidays.ca Website: www.wholidays.ca

Reservation Form

Your information: please use	e separate form if you have more than 4 signers
Name (exactly the same as on	passport) and Passport number:
Client #1:	
Client #4:	
Your Contact information:	
· ·	
Tel:	Email:
Tour information:	
Tour name:	
Departure date:	
-	pancy Double occupancy: ☐ 2-Bed Room or ☐ King/Queen Room☐ Triple occupancy
	m□ Non-smoking Room
Select tour type: ☐ Land onl	
Notes:	
· <u></u>	o refundable deposit of \$300 per person is required. Personal check and money order are
-	t be made if you are signing up a tour that departs in/less than 60 days.
	re a vegetarian or if you have any food allergies, religious taboos or spicy food fit:
• To complete a tour bookin	g, please send the 3 items to our office:
1. This filled-out this Reser	vation Form (please do not forget to sign and date)
2. Deposit check(s) for the l	booking (you may make out one check for the total in your group.)
3. Photocopy of passport wi	ith photo page of each passenger.
• Please make the check/mo	oney order payable to W Holidays Inc. and send the above 3 items to:
Suite 1400, 18 King St East,	Toronto, ON, M5C 1C4
4. By signing the form be	low, you confirmed that you have read and agreed the terms and conditions on our
website: http://www.wholida	ays.ca/reservation-term-and-conditions.html.
Name (Please print):	
Signature:	Date: