UNIGLOBE Specialty Travel Ltd.

Chatter Creek real cat skiing

TRAVEL INSURANCE ENROLMENT FORM

Ski Trip Dates: _____ **Date of deposit to CCML:**_____

Departure Date & Return Date to Home: _____

International Departure City: _____

Ski Package Price Per Person (including taxes) CAD$: _____

Name: _____ _____ **Date of Birth**: _____ /_____ /_____
dd mm yyyy

Postal Address: _____

City:_____ **Prov/State**: _____ **Postal/Zip**: _____

Country: _____ **Email**: _____

Day phone #: _____

I request the following insurance coverage:

☐ All Inclusive Plan (Cancellation/Interruption + Medical)

Credit Card: ☐ Visa or ☐ Mastercard

Card Number: _____ **Expiry**: _____/_____
mm / yy

Name on Card: _____

Card Holder Signature: _____

Please fax or email completed form to:

Robin & Wanetta
Fax: 250.837.9584
Email: revelstoke@uniglobespecialty.com

Thank you!