

Last Name:

Eastern Canada Pilgrimage and Exploration Tour

Passenger Information: Title (Mr, Mrs, Ms): First Name: Middle Name:

Please Note: The full name must match exactly as it appears on the passport and be valid for at least six months from the scheduled return date. Non-Canadian or non-US citizens must secure a Schengen Visa at least two months before departure.

Address:			
	(Street, City,	Province, Postal Code)	
Birthdate:	Phone:	Email:	
Emergency contact (not t	ravelling with you):		
Name:		Phone No.:	
Rooming With: (write ful	l name):		
	neck) /person /()Triple: \$1,875 erson /()Single: \$2,730.00	•	
•	is required at the time of boo he total amount must be fully	king. Options for paying the remai baid by May 31, 2025	ning balance in installments are
Deposit (\$):		Date:	
For etransfer: use this en	edit Card, Debit, E-transfer, Cl nail: <u>admin@bcc-coop.com</u> ble to BCC CREDIT COOPEI		
Please Note: Deposit is r	on-refundable <u>but transferat</u>	l <u>e</u> until May 31, 2025.	

Cancellation:

BCC Credit Cooperative Limited reserves the right to cancel the tour if fewer than 30 participants register. Refunds for cancellations by participants are as follows:

- 1. 60-40 days before departure: Full refund of paid amount, less deposit.
- 2. 40-30 days before departure: 50% of paid amount, less deposit.
- 3. 30-15 days before departure: 25% of paid amount, less deposit.

4. 15-1 or no show: no refund

Insurance:

Travel and health insurance are not included in the package. BCC Credit Cooperative Limited advises you to secure sufficient insurance coverage for the whole duration of the trip.

Waiver:

BCC Credit Cooperative Limited shall not be held liable for any delays or cancellations caused by strikes, labor disputes, government actions, pandemics, wars, weather conditions, or any other causes beyond the control of BCC Credit Cooperative Limited and its tour providers.

I hereby acknowledge that I have read, understood, and agreed to the terms and conditions outlined in this document. Furthermore, I confirm that the Organizer, BCC Credit Cooperative Limited, has advised me to secure sufficient health insurance coverage.

Signature:___

Date:_