



Please choose one city: () Vancouver () Toronto () Montréal

STUDENT INFORMATION

Full Name: School Start Date: School End Date: Accommodation Start Date: Accomodation End Date: Travel Document Number: Occupation:

ADDRESS OF STUDENT

Street Address: City: State: Country: Postal Code: Home Phone: Fax Number: Email:

OTHER STUDENTS TRAVELLING TOGETHER

Table with columns: Name, Relationship, Age, Occupation

ACCOMMODATION CHOICES

Table with columns: Location Name, Phone, Contact, Booked

The following information is needed in order to hold the room for the requested date. The card indicated below will not be charged unless guests cancel without giving notice.

CREDIT CARD INFORMATION

Name of Card Holder: Card Type: () Amex () Visa () MasterCard () Other: Card Number: Expiry Date: Card Holder Signature: Date:

SIGNATURE

I acknowledge that all bookings are subject to availability. As I will be an ambassador of ILSC during my stay at any accommodation, I agree to abide by the rules and regulations of the organization that I am booked with.

Student Signature: Print Name: Date:

Please fax back to: Vancouver: 1 (604) 683-0771 Toronto: 1 (416) 323-0153 Montréal: 1 (514) 876-4053