



CLASSICAL MARTIAL ARTS CANADA
 Classical Martial Arts Centre 1010 Dreamcrest Dr # 8
 Mississauga, Ontario L5V3A4

Trip Planning Form

2015 C.M.A.C China Kung Fu Heritage Tour

Privacy Statement

The personal information requested on this form is being collected and only used by Air Ticket & Tour booking purposes. This information will not be disclosed except as required for the above-noted purpose. We, New Century Travel Consulting Services of Canada are holding our client's personal confidential information in strict manner, and we shall not disclose any such information unless authorized by our clients.

Personal Information

Passport Name: (Please print your name exactly as it appears on your passport.) **M or F**

Family Name _____ Given Name _____

Passport Number _____ DOB: _____ (dd/mm/yy)

Street _____

City _____ Province _____ Postal Code _____

Tel (Home) (_____) _____ (Work) (_____) _____

Mobile (_____) _____ E-Mail _____

Emergency Contact _____ Phone Number _____

Tour Package Information

Please check the tour package(s) you would prefer.

<input type="checkbox"/> A: 17 DAYS ITINERARY FOR CMAC SENIORS TRIP	<input type="checkbox"/> B: I will extend my own travel Before/after the trip * Please complete " <u>Your flight itinerary request</u> " below
<input type="checkbox"/> C: I need single supplement:	





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Roommate :

If you have someone would like to share room, please write down your roommate's name:

Your flight itinerary request:

(Please indicate name of city you need to stop over at and the departure dates from each city,

For example: Toronto (Oct 20) – Toyko (Oct 31) – Hong Kong

Special Seat Requirement (due to medical problem) _____

Frequency flyer number: _____ Airline _____

Dietarian Request: _____

Methods of Payment:

Cash in person (not through mail)

Direct Deposit (**CASH DEPOSIT TO TD Bank ONLY**)

**** Please send us a prove of receipt with your name on it**

ACCOUNT INFORMATION:

Bank Name: TD Canada Trust

Account Name: New Century Education Consulting Services of Canada

Account Number: 00152 004 0015-5004151(Canadian Currency)

Bank Address: 100 King St. W. (Jackson Square), P.O. Box 57148 Hamilton, Ontario, L8P 4W9

TEL: (905) 527-3626 GST: 86758-5929-RP0001

Credit Card (**ONLY accepted for International Flight ticket**)

Certified Cheque / Money Order / Bank Draft

Personal Cheque or Credit card cheque **PAYABLE TO: NEW CENTURY EDUCATION**

(Cheque is only accepted no later than 2 month prior to your departure date)

(Please notes: According to new policy of all the Banks, credit card cheque will not cover your travel insurance anymore. You will have to purchase your own travel insurance. People choose Credit card cheque as the payment method, please consult your credit card company for the interest rates and detail information before you make the payment)

**** CREDIT CARD IS NOT ACCEPCTED FOR TOUR PACKAGE.**



Designed by :New Century Travel Consulting Services
63 DUNDURN STREET SOUTH, HAMILTON ONTARIO L8P 4J9
TEL: (905) 577-6260 FAX: (905) 525-0499 WEB: WWW.N-CENTURY.NET



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International Air-ticket Cancellation & Interruption Insurance

Please check the appropriate box (es) below:

- I would like to purchase air ticket cancellation & interruption insurance
- No thanks, I do not intend to purchase any type of insurance through New Century

*** if YES, please complete “**Travel Insurance application form**” attached.

***You may consult us for information on trip cancellation and interruption insurance (some restrictions and conditions may apply)

Please return the completed form by mail, fax or e-mail

Tours Route (Office Use Only)

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