

TOPPLANE TRAVEL & Niagara Antique Power Association

Thumb Octagon Barn Agricultural Museum "Fall Family Days" - Gagetown, Michigan

Reservation Form

Name as it appears on PASSPORT: _____

Name to appear on NAME TAG: _____

(circle one) Mr. - Mrs. - Ms. - Miss (circle one) Male - Female Birthdate: _____
Month/Day/Year

Citizenship: _____ Passport #: _____ Expiry Date: _____
Month/Day/Year

Address: _____
Street #, Street name, RR #, Apt #

City Province Postal Code

E-mail: _____

- Stairs
 No Stairs

Home Phone: _____

Work Phone: _____

- Smoking
 Non Smoking

Cell Phone: _____

Fax Number: _____

Contact Person: <i>In case of emergency</i> _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
E-mail: _____	Work Phone: _____

Do you want Cancellation & Interruption Insurance? _____ If you do want this insurance you must purchase it from **Topplane Travel** at the time of final payment. Contact **Topplane Travel** for a quote.

Do you want Out-of-Province Medical Insurance? _____ Contact **Topplane Travel** for a quote. We offer our clients competitive travel insurance rates from different insurance companies so that we can find the right insurance coverage for each person at the best price. If you do not wish to purchase your Medical Insurance from **Topplane Travel**, please send the name, policy number and 1-800 contact number of your insurance provider. In case of emergency while out-of-province, **Topplane Travel** can call on your behalf. Make sure you read your insurance policy or contact your insurer so you know exactly what you are covered for and what the procedure is for getting assistance while you are away.

Insurance Co. Name: _____

Policy #: _____ **1-800 #:** _____

Rooming Arrangements: (circle one): single - double - triple - quad - accommodations. I will be rooming with:

Note any health, dietary, physical conditions (cane, walker), motion sickness or other relevant info:

There will be a pick-up at the Sherkston Fair Grounds.

Make cheques payable to TOPPLANE TRAVEL.