

2010 APPLICATION FOR COMPANION/SUPPORTER

Please complete **ONE** application form per person. Please return this form by fax to Elaine Tomiszer at 905 377 8189. You may also scan and email the application to elaine.tomiszer@marlintravel.ca. Incomplete applications will not be accepted. We will contact you to confirm your reservation.

PLEASE PRINT CLEARLY. MARLIN TRAVEL CANNOT BE RESPONSIBLE FOR ERRORS DUE TO ILLEGIBILITY.

PERSONAL INFORMATION: PLEASE PRINT CLEARLY	
Surname:	First name: Title:
IMPORTANT: Please enter your name EXACTLY as it appears on your passport. Air Tickets must match your Passport. Marlin Travel is not responsible if you are denied boarding due to a discrepancy.	
Address:	
City:	
Province	Postal code:
Home telephone:	Business telephone:
Mobile phone:	
Country of residence:	
Country of citizenship:	
Date of birth: <div style="text-align: right;">dd/mmm/yy</div>	Gender: female <input type="checkbox"/> male <input type="checkbox"/>
Email address: (Mandatory)	
DO YOU HAVE ENTRY IN THE NYC MARATHON EITHER THROUGH THE LOTTERY OR BY QUALIFYING?	
ARE YOU TRAVELLING WITH A MARATHON ENTRANT? If yes, whom?	
TRAVEL PACKAGES: Indicate which package you would like to book.	
1. FLIGHT & HOTEL <input type="checkbox"/>	
Holiday Inn Express NJ <input type="checkbox"/> King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>	
Novotel Hotel <input type="checkbox"/> King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>	
Courtyard Times Square <input type="checkbox"/> King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>	
Residence Inn Times Square <input type="checkbox"/> King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/> (both room types also have sofa beds)	
Crowne Plaza <input type="checkbox"/> King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>	
Empire Hotel <input type="checkbox"/> King Bed <input type="checkbox"/> or Two Double Beds <input type="checkbox"/>	
Essex House Hotel <input type="checkbox"/> King Bed <input type="checkbox"/> Queen Bed (Parkview) <input type="checkbox"/> Two Double Beds <input type="checkbox"/>	
Departure City of flight:	

Departure date:	Return date:
Name of room mate:	

2. FLIGHT ONLY

Departure city of flight:	
Departure date:	Return date:

3. MOTORCOACH & HOTEL

Requested pick-up city:
Name of room mate:

4. CUSTOMIZED PACKAGE: Please describe your specific requests including dates & mode of travel, specific hotel etc. We will contact you with a customized quote.

TRAVEL INSURANCE: Travel Insurance rates vary depending on the cost of the package you choose. Please contact us for a quote and indicate your insurance needs BEFORE you return this application.

Concierge Club Package (covers Cancellation & Interruption, Out-of-Province Emergency Medical, Flight Accident, Travel Accident and Baggage)

Non Medical Concierge Club Package (covers Cancellation & Interruption, Flight Accident, Travel Accident and Baggage)

I decline Travel Insurance I understand that by declining travel insurance I am ineligible for a refund if I cancel my trip.

Signature: (mandatory)

PAYMENT:

Cheque Visa MasterCard

Card number:	Expiry date: 08?10 or later
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Name on card:

I hereby authorize Marlin Travel to charge my credit card on the due dates and for the due amount. Signature:

DEPOSIT NOW: \$750.00 **ALL PAYMENTS ARE NON-REFUNDABLE.**

FINAL PAYMENT IS DUE ON June 18, 2010 and will be automatically charged to your credit card.

A Confirmation/Receipt will be mailed to you once we process your application. You will receive your tickets and full details of your package via courier in Mid October.

Note: If your credit card is declined, there will be a \$25.00 administration fee to re-apply for authorization. Declined credit cards may result in the cancellation of your entry.