

2017 NON ENTRANT/SUPPORTER APPLICATION FORM

Please complete ONE application form per person (two pages total). Please complete this form and return to Elaine Tomiszer by email <u>elaine.tomiszer@marlintravel.ca</u> or fax to 905 377 8189. Incomplete applications will not be accepted. We will contact you to confirm your reservation and entry position.

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

PERSONAL INFORMATION:						
Last name	First name	Middle 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 or entry due to a discrepancy.						
Address:						
City:						
Province:		Postal code:				
Home telephone:		Business telephone:				
Mobile phone:						
Country of residence:						
Country of citizenship:						
Date of birth:	Gend	er: female 🗌				
dd/mmm/yy		male				
Email address: (Mandatory)						

TRAVEL PACKAGES: Indicate which package you would like to book.

PACKAGE #1 FLIGHT & HOTEL	
Package price:	
Hotel name:	
Departure date and flight:	Return date and flight:
Departure City of flight:	
Name of roommate:	

PACKAGE #2	FLIGHT	
Package price:		
Departure city of flight:		
Departure date:		Return date:
PACKAGE #3	HOTEL	
Package price:		
Hotel name:		
Check-in date:		Check-out Date:
Name of room mate:		

SPECIAL INSTRUCTIONS OR 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 deper	nding or	the cost of the packa	ae you choose. We will			
contact you with a quote.	iaing oi		ge you oncode. We will			
Concierge Club Plan (covers Cancellation & Interruption	n, Out-o	f-Province Emergency	Medical, Flight Accident,			
Travel Accident and Baggage) Benefits include running rel						
Non Medical Plan Concierge Club (covers Cancellation			nt, Travel Accident and			
Baggage) Benefits include running related injuries and cha	ange of i	nind. v refund if Leeneel my	trip for any radion			
Signature: (mandatory)		a refund if i cancel my	inp for any reason.			
PAYMENT:						
Cheque 🗌 Visa 🗌 MasterCard 🗌]					
Card number:			Expiry date: (10/17 or later)			
Name on card:	2 diai	A digit accurity and an back of cords				
	5 uigi	3 digit security code on back of card:				
I hereby authorize Marlin Travel to charge my credit card c		Signature:				
due dates and for the due amount. I have read and understood						
the terms and conditions section of the Bank of America Chicago						
Marathon Package Information Document.		ALL DAVMENTS AL				
ALL PAYMENTS ARE NON-REFUNDABLE. NOTE: Certain packages do not require full payment at time of booking. We will contact you with payment						
requirements & your permission BEFORE processing your deposit or payment.						
A Confirmation/Receipt will be mailed to you once we process your application. You will receive your						
package vouchers and/or tickets electronically in September.						
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.						
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