

INTERNATIONAL TEAMS OF CANADA URBAN TRIP GROUP RESERVATION FORM

1 Union Street Elmira ON CANADA N3B 3J9 800.465.7601 Fax: 519.669.5644

Group Information

Name of Group: _____

Contact Person: _____

Address: (Church ___ Home ___) _____

City: _____ Province: _____ Postal Code: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Fax Number: (_____) _____ E-Mail Address: _____

Group Type / Number of people attending – MINIMUM GROUP SIZE IS 7. MINIMUM AGE IS 12 YEARS OLD

Junior High _____ Senior High _____ College / Adults _____

Male _____ Female _____ Total People _____

MISSION EXPERIENCE INFORMATION

Dates Requesting: (in priority order)

City: (check one)

1. _____ Chicago Nashville San Fran/Oakland
2. _____ Houston New York City Toronto
3. _____ Los Angeles Philadelphia Washington DC

Time In: 5:00 p.m. Time Out: _____

We have previously served with IT / CSM on ___/___/___ at the _____ project.

Please Note: A pre-visit is required unless you have previously served at the project you are now registering for. Please see our website or call if you have any questions about this requirement.

Is this trip fulfilling a requirement of any kind (ie. Confirmation Class, Service Project, etc.)? Yes No

If yes, please indicate type of requirement: _____

My team is gifted to serve in: (Please check interests below, add specific notes on the back.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Shelter Ministry | <input type="checkbox"/> Puppets, etc. |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Elderly Ministry | <input type="checkbox"/> Clowning |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Bible Clubs / VBS | <input type="checkbox"/> Mime |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Recreation Ministry | <input type="checkbox"/> Drama |

What expertise or skills do you bring with you? _____

OVER



PAYMENT / CONTRACT INFORMATION

You will be provided with housing, meals and a city host. Each group is responsible for providing their own transportation and one adult for every five students.

The price is \$61 CDN per person per night.

A deposit *must* accompany this reservation form. The deposit equals \$61 x the Total People count listed on the front of this form if your experience is three days or longer. If your experience is one to two days, the deposit equals \$20 x the Total People count listed on the front of this form.

Deposit can be made by cheque, Visa, or Mastercard.

(If using Visa or Mastercard you must take the amount owing and divide by 0.9765 to get the amount of the payment required. This is to cover excess bank charges.)

Please make your cheque payable to International Teams of Canada.

Visa # _____ Expiry ____ / ____

Name on Credit Card: _____

Deposit amount enclosed: _____ (\$61 x Total People)

*****PLEASE NOTE: THE DEPOSIT IS NON-REFUNDABLE*****

The deposit guarantees the dates you have requested on the master calendar, if they are available.

Some helpful information: The minimum group size is 7. The maximum single group size is between 10 and 17, depending on the CSM site. Therefore, if you sign up for more than one maximum group size we will have to split your group up, reserve another ministry program, and turn other groups away. In this event, we will require a guaranteed minimum that you agree to pay for. This will be communicated to you in writing. We also cannot guarantee that you will be able to increase your group size above the total count on the front of this form.

The PAYMENT SCHEDULE for your group's fees is as follows:

50% of the total balance is due in our office 12 weeks (3 months) prior to your group's arrival.

This payment is non-refundable.

The final balance is due 2 weeks prior to your arrival, along with your final count for the total participants in your group. **PLEASE NOTE:** Two weeks prior to your group's arrival is the final date that you may decrease your group size without being financial responsible for the last number we have for you.

We will make every effort to give you your first choice of dates for your mission experience. In the event that those dates are already full, we will contact you before we process your reservation form to be sure your second choice of dates will still work with your calendar. Once we have processed your reservation form, your deposit is not refundable.

In the unfortunate event that your group would need to cancel its mission experience, your first payment is not refundable or transferable.

Two signatures must accompany this form. The *Youth Leader* along with the *Senior Pastor or Treasurer* must sign this form and agree to the above terms.

Signature of Group Leader: _____ Date: _____

Signature of Senior Pastor or Treasurer: _____ Date: _____

Please print name of Senior Pastor / Treasurer: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Office Use ONLY:

Deposit Amount \$ _____ Date Rec'd _____ Confirm Letter _____
Calendar _____ Other Correspondence _____ Uploaded _____