



CANCELLATION FORM

Updated September 2010

Prométour requires notification of cancellation in writing to PROMÉTOUR, 339 St Paul East, Montreal, QC, H2Y 1H3 Canada. (Fax: 1-888-304-9446) You can use this standard form for any participant who is unable to travel and must withdraw from his/her trip. Send it to Prométour immediately to avoid unnecessary Cancellation Fees. Keep a copy of this form for your records.

PLEASE USE A PEN AND PRINT CLEARLY

Today's Date

Day	Month	Year

Prometour Tour Project Manager _____

Group Name _____

Destination _____

Dates of Travel

Day	Month	Year

 to

Day	Month	Year

Participant Name (First & Last) _____

Participant Name (First & Last) _____

Reason for Cancellation*

**If you are canceling for medical or other qualified reasons, proper documentation must accompany the form*

Check (if applicable) is to be made to this name: _____

Check (if applicable) is to be sent to this address:

Daytime Telephone #: _____

SIGNATURE This form cannot be processed without the proper signatures. Prométour will process cancellations upon receipt of this completed Cancellation Form and the return of any airline/train tickets that have been issued on your behalf. Prométour will reimburse according to our cancellation policy set out in the Terms and Conditions. Any refund that you are owed will be sent within 90 days of Prométour's receipt of this Cancellation Form.

Participant Signature _____

Printed Name _____

Parent / Legal Guardian Signature (if participant is under 21 years) _____

Printed Name _____

FOR PROMETOUR INTERNAL USE ONLY								
ID# _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table>	
Date Submitted to Accounting :	Day	Month	Year	Amount to be Refunded				
DEPOSIT DATE (dd/month/yy)	CREDIT CARD (y/n)	SCHOOL CHECK (y/n)	PAYMENT AMOUNT	CHECK NUMBER				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				