

GUEST LIST

Canadian Ultimate Championships
Arrival Date: August 18 **Departure Date: August 22**

PLEASE PRINT

Team Name: _____

Team Leader's Name: _____

Phone: _____ **Email:** _____

(area code and phone number)

- **Cancellation Policy:** After July 26, 2004, there will be no refunds for cancellations, no-shows, late arrivals or early departures; substitute reservations over the same dates and in the same room types are accepted.
- Any additions to the Guest List must be authorized by the signatory.
- Please return the completed Guest List, Authorization for Payment of Accommodation Form, and prepayment in full, to Conferences & Accommodation at UBC at the address or fax above by **July 26, 2004**.
- Estimated Arrival Time *(if group is arriving together)*: _____ a.m. or p.m.

| | Last Name | First Name | Arrival date (if other than Aug. 18) | Departure date (if other than Aug. 22) | No. nights | Age | M/F |
|----|-----------|------------|--------------------------------------|--|------------|-----|-----|
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| 20 | | | | | | | |

Total number of nights *(enter this amount on payment form)*

Signature _____

Date signed _____

OFFICE USE ONLY: BLOCK CODE # _____

Please complete and return this form with the Payment Form before July 26, 2004