



GUEST LIST –GAGE TOWERS

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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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

Signature _____

Date signed _____

OFFICE USE ONLY: BLOCK CODE # T40818A

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