



DIRECT GROUP RESERVATION FORM 2021

Date of Visit:	Time of Arrival:
Today's Date: _____	Contact Person: _____
Group Name: _____	Phone: _____
Mailing Address: _____	City, Province: _____
Postal Code: _____	Email: _____

Hours of Operation:

9am – 5pm – June 25 till September 6, 2021

10am – 5pm – September 7 till October 31, 2021

BOOKING DETAILS *Your group must have a **minimum of 10 individuals** to qualify for the group rates. Prices subject to 5% GST. Minimum 1 week notice to receive special rates and confirm bookings.*

Ticket Requirements	QUANTITY
Child (under 6 years) Complimentary	
Students/Youth (6-15 years) \$24.57	
Adult (16+ years) \$46.41	
Complimentary Leader (1 complimentary leader per 10 paid guests, max 2)	
Mask (mandatory) \$1.90	
Dog \$5.70	
Snowshoe Rental \$12.60. (Limited quantities available. March 26 to May 1 - weather dependent)	
TOTAL TICKETS	

CATERING CHOICES - Please email sales@jasperskytram.com to inquire.

Desired Serving Time: <i>*Some restrictions apply</i>	
Special Dietary Needs:	

REFUND POLICY

24-hour cancellation policy in place for 3rd party groups, online bookings or FIT's.

Refunds can be applied if the request to cancel the reservation is made outside of 24 hours from the departure date/time or if we are not able to provide the service. Situations where we couldn't provide the service include but are not limited to mechanical issue and/or not running due to weather. Supervisor approval is required for all refunds.

Payment and confirmation of reservations should be processed no later than 24 hours prior to arrival for all group bookings. Adjustments made to any group booking within 24 hours of arrival requires Supervisor approval.

48 hours notice of cancellation is required for all group bookings which include a meal component.

Method of Payment: Cash Debit Visa MasterCard Cheque

Please complete this form in full and email a copy to sales@jasperskytram.com



Jasper SkyTram LP

PO Box 1198, Jasper AB T0E 1E0

P 780 852 3093 Toll Free 866 850 8726 F 780 852 5779

JasperSkyTram.com

CREDIT CARD AUTHORIZATION FORM

Company _____
Contact Name _____
Position _____
Phone Number _____ Email _____

Credit Card Type MC Visa

Credit card # _____

Expiry Date |
 Month Year

I authorize Jasper SkyTram LP to charge the above credit card for services provided by Jasper SkyTram LP as per our company voucher. I am an approved signatory for this credit card. Jasper SkyTram LP may keep this information on file and continue to utilize this credit card until authority is cancelled in writing.

Signature _____ Date _____