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To Reserve your Group Tour of Parliament

Parliamentary Public Programs

Please print the following RESERVATION request form, complete it and fax it to
(613) 995-1309.

Important Information

Tours are subject to **cancellation** due to parliamentary activities. These activities may also affect the **duration** and **content** of tours. Schedules and tour routes are subject to change **without notice**.

Please consult the [Parliamentary Calendar](#) for information regarding parliamentary activities.

Please arrive 10 minutes prior to your tour. Late groups are subject to a \$100 No-Show fee and cancellation of your tour.

If you wish to cancel your tour, you must do so two (2) weeks prior to your scheduled date. Changes made after the two (2) week deadline are subject to a \$100 Late Cancellation fee.

For all reservations, PLEASE FILL OUT THE FOLLOWING:

Reservation requested by (name of organisation):	
Street:	
City:	Province:
Postal Code:	Tel.: ()
Fax: ()	Alt. Tel.: ()
Name on Credit Card:	Credit Card Number:
<i>I acknowledge that a \$100 No-Show and Late Cancellation fee will be charged to the credit card number provided should I fail to cancel the reservation before the two-week deadline and/or I fail to show up for the tour.</i>	Amex <input type="checkbox"/>
	Visa <input type="checkbox"/>
	MasterCard <input type="checkbox"/>
Signature:	Expiry Date:
Organisation Contact (person booking the reservation):	
Title / Position:	

If you are reserving on behalf of a school, and *if the information is different from above*, PLEASE FILL OUT THE FOLLOWING:

(All other group reservations, please proceed to Reservation Information.)

School Name:	
Teacher Contact:	Grade:
Street:	
City:	Province:
Postal Code:	Tel.: ()
Fax: ()	Alt. Tel.: ()

RESERVATION INFORMATION
(50 is the maximum number of visitors per tour.)

<i>GROUP I.D.</i> <i>(for commercial companies)</i>	<i>LANGUAGE</i> <i>(French/English/ other)</i>	<i>NUMBER OF VISITORS</i>	<i>DATE REQUESTED</i>	<i>TOUR TIMES REQUESTED</i> <small>(please provide 2 alternatives)</small>

FOR OFFICE USE ONLY

Completed by:	Date:
Confirmation number:	

Additional Requirements: