



SOULFLY EXPERIENCES

Guest Booking Form

Accessibility and Access For All

www.SoulFlyExperiences.com



Travel Booking Form

1

Step 1 - Traveller Information

Information for Primary Traveller/Requestor

Telephone	Your Name (preferred He/She/They)	Email address

Emergency contact	Emergency contact name	Telephone	
		Email	

Street Address		Province/State	
City		Postal Code/Zip Code	
Country			

Name, date of birth and contact information is required for all members of the travelling party.

Guest Number	Legal Name*	Title**	Date of birth (DD/MMM/YY)	Access Needs
1				<input type="checkbox"/>
Email:		Mobile:		
2				<input type="checkbox"/>
Email:		Mobile:		
3				<input type="checkbox"/>
Email:		Mobile:		
4				<input type="checkbox"/>
Email:		Mobile:		
5				<input type="checkbox"/>
Email:		Mobile:		
6				<input type="checkbox"/>
Email:		Mobile:		

*Legal Name must exactly match valid identification used for the purpose of travel such as a passport, or for domestic itineraries, drivers license or provincial/territorial identification.

**Titles with gender indication are currently required by some carriers, including for transborder and international itineraries. Valid codes include Mr, Mrs, Ms, Miss, Master. If you prefer not to identify with a gender, indicate with X (other), or U (undisclosed).

Step 2 - Define your experience

Number of guests in the travelling party	
------------------------------------------	--

Choose your destination	Yukon	Victoria	Kelowna
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Currently accepting bookings on a request basis only for departures 01 May-30 September 2021			
Requested Departure date			
	Day	Month	Year
Flexible departure dates?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	

Choose a self-guided a la carte or packaged experience	Packaged Experience	<input type="checkbox"/>	
	Self Guided + A La Carte	<input type="checkbox"/>	
	Include:	Hotel	<input type="checkbox"/>
		Tours	<input type="checkbox"/>
Flights		<input type="checkbox"/>	

Indicate to request vehicle rental <small>*Accessible van rentals available only in select cities</small>	Accessible van*	<input type="checkbox"/>
	Standard vehicle	<input type="checkbox"/>

I am/We are travelling with adaptive equipment			Yes	<input type="checkbox"/>
Number of Pieces	Description	Dimensions (L x H x W)	Weight	

I am/We are travelling with sports equipment			Yes	<input type="checkbox"/>
Number of Pieces	Description	Dimensions (L x H x W)	Weight	

Indicate to request information about travellers insurance*, or to decline insurance	Please quote	<input type="checkbox"/>
	Decline insurance	<input type="checkbox"/>

*Travellers must be in possession of valid medical insurance at time of travel.

Do you authorize the use of photos of yourself for SoulFly Experiences and The Travel Group's social media and marketing purposes?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Step 3 - Access Requirements

Indicate the access accommodation requirements for the complete travelling party.

Parking	Wheelchair accessible parking	<input type="checkbox"/>
	Accessible van parking	<input type="checkbox"/>
Communications	PDF document required (text-to-voice readable)	<input type="checkbox"/>
Guided Service	Indicate to request airport and/or hotel guide support	<input type="checkbox"/>
Dietary	Indicate to advise of allergies or dietary restrictions	<input type="checkbox"/>
	Describe condition and list allergens/restrictions:	
Wheelchair	Under-bed lift access	<input type="checkbox"/>
	Roll-in Shower or Transfer Bench	<input type="checkbox"/>
Visual Accessibility	Legally Blind	<input type="checkbox"/>
	Limited Vision	<input type="checkbox"/>
Hearing Accessibility	Deaf	<input type="checkbox"/>
	Limited Hearing	<input type="checkbox"/>
Mobility	Self Reliant	<input type="checkbox"/>
	Supported	<input type="checkbox"/>
Comments & Requests		

Note: Buildings and structures for activities and accommodations included in SoulFly Experiences packages feature level, ramp or lift access, as well as accessible washroom facilities where applicable.

Signature:

Dated: