

IMPORTANT

- ▶ **Deadline:** Sunday, August 3, 2025. **First come, first serve.**
- ▶ **Departure:** Sunday, September 7, 2024 early morning.
- ▶ **Departure exact time will be sent out closer to the trip date.**

PICK UP LOCATIONS

The designated pickup points will be based on the areas where most attendees are traveling from.

TRIP INCLUDES

3 days (2 hotel nights) breakfast, lunch, bus trip, snacks, a Cruise on the Saint Lawrence River and tour of Quebec City.

PAYMENT METHOD

☐ **Cheque :** (Payable to Ontario Conference of Seventh-day Adventists)

☐ **VISA #:** _____

Expiry: _____ / _____ (month / year)

☐ **MasterCard #:** _____

Expiry: _____ / _____ (month / year)

PLEASE FILL OUT BOTH SIDES & MAIL TO

**Ontario Conference Seniors' Ministry
1110 King St. East, Oshawa, ON L1H 1H8**

Seniors' Trip September 7-9, 2025

Quebec City, Canada



*Seniors' Ministry
Pastor Mansfield Edwards
Ontario Conference of Seventh-day Adventists*

Applicant: MUST BE AGE 65 OR OLDER

PLEASE WRITE IN CAPITAL LETTERS

☐ **Single occupancy**CDN\$650.00

First Name: _____ Last Name: _____

Tel #: _____ Church: _____

Email: _____

☐ **Double Occupancy** **(FEE PER PERSON)** CDN\$500.00

1. First Name: _____ Last Name: _____

Tel #: _____ Church: _____

Email: _____

2. First Name: _____ Last Name: _____

Tel #: _____ Church: _____

Email: _____

☐ **Quadruple Occupancy** **(FEE PER PERSON)** CDN450.00

PLEASE CHOOSE ROOMMATES (ONE GENDER) & PROVIDE THEIR INFO

1. First Name: _____ Last Name: _____

Tel #: _____ Church: _____

Email: _____

2. First Name: _____ Last Name: _____

Tel #: _____ Church: _____

Email: _____

3. First Name: _____ Last Name: _____

Tel #: _____ Church: _____

Email: _____

4. First Name: _____ Last Name: _____

Tel #: _____ Church: _____

Email: _____

Full Name	T-Shirt Size				
	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>
	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>
	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>
	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>

FIRST TIME ON ONTARIO CONFERENCE SENIORS' RETREAT?

☐ YES

☐ NO

Age Range: ☐ **65-70** ☐ **71-75** ☐ **76-80**

EMERGENCY CONTACT FOR SINGLE OCCUPANCY

Name: _____

Cell Phone #: _____

EMERGENCY CONTACT FOR DOUBLE OCCUPANCY

1. Name: _____

Cell Phone #: _____

2. Name: _____

Cell Phone #: _____

EMERGENCY CONTACT FOR QUADRUPLE OCCUPANCY

1. Name: _____

Cell Phone #: _____

2. Name: _____

Cell Phone #: _____

3. Name: _____

Cell Phone #: _____

4. Name: _____

Cell Phone #: _____