



VALLEY FISHING GUIDES LTD. BOOKING FORM

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 Garibaldi Highlands, BC V0N 1T0
 Tel: 604-938-4458
 Toll Free: 1-877-858-7688
 Fax: 1-604-905-7750
 Email: contact@valleyfishing.com

Date: _____ Booked By: _____

GUEST INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Prov: _____ Country: _____ ZIP/Postal Code: _____

Primary Phone: _____ Cell Phone: _____ Email: _____

TRAVEL INFORMATION - FOR PICK-UP IN WHISTLER or SQUAMISH

Arrival Date: _____ Hotel Name: _____ Room Number: _____

Departure Date: _____ Street Address: _____ Hotel Phone: _____

TRIP INFORMATION

Trip Date: _____ Pick-Up Time: _____ Pick-Up Location: _____

People in Group: _____ # Adults: _____ # Children (under 16): _____

Guest Name	Height	Weight	Shoe	Guest Name	Height	Weight	Shoe
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

TRIP FEES

Half Day @ \$595 CAD Single	_____ X _____ = _____
Half Day @ \$375 CAD Group	_____ X _____ = _____
Full Day @ \$795 CAD Single	_____ X _____ = _____
Full Day @ \$495 CAD Group	_____ X _____ = _____
Heli-Fishing @ Quoted Rate	_____ X _____ = _____
Fly-In Fishing @ Quoted Rate	_____ X _____ = _____
Ocean Salmon Fishing @ Quote	_____ X _____ = _____
Other: _____	_____ X _____ = _____
Trip Total:	_____
Licence Total:	_____
5% Tax - GST 867602831-RT001	_____
Grand Total:	_____

FRESHWATER FISHING LICENCES

Everyone over 16yrs requires a licence.
 Buy them online here:

www.fishing.gov.bc.ca

Comments:

PAYMENT DETAILS Visa / MasterCard / Cash / Cheque

Reservation Policy:

All persons on a guided trip will be required to sign a liability waiver.

A deposit of 50% payable by Visa, MasterCard or cheque, within 2 days of booking will confirm your reservation.

The balance is due 30 days prior to your trip.

Cancellation Policy: We will happily refund your deposit, less a 15% cancellation fee if you cancel at least 90 days prior to arrival.

Post this time we that no refund is possible.

I, the card holder acknowledge this policy. _____ (Initial)

VISA or Mastercard

Card Number: _____

Cardholder Name: _____

Expiry Date: ____/____

X _____

CARDHOLDER'S SIGNATURE

I hereby authorize Valley Fishing Guides Ltd. to debit my credit card the total amount according to the Reservation Policy.

OFFICE USE ONLY:	River / Lake	Fish Species	Number	Conditions / Comments / Flies Used
Name of Guide(s)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____