



██████████
900 Court Street rm 254
Salem, OR.
97310

7/14/2015

Dear ██████████ and ,

Thank you for your deposit of \$1260.00 received earlier this week. **Your party of one are now confirmed on our Aug.31-Sept.4/15 Robson Bight (5 Day) Expedition.** Enclosed you will find a copy of our "Expedition Information Kit" specific to your upcoming Robson Bight (5 Day) adventure. If you have any questions or require clarification on any of the enclosed materials, please contact us at your convenience and our helpful staff will be happy to assist you in any way we can. You will also find enclosed within this package a copy of our waiver and a medical form that we require you to fill out and return to us ASAP. These 2 forms must reach us well in advance of your upcoming expedition. Note we must have hard copy (ie. snail mail originals...no fax/email) in hand days prior your trip date. In the event that you are booking this tour within 3 weeks of the expedition date, we ask that you fax the waiver and medical forms to us ASAP and mail off the originals.

We thank you for choosing Wild Heart Adventures for your sea kayak holiday and we look forward to paddling with you this summer.

Sincerely yours,

Kim Crosby
Expedition Director

***Please note that your outstanding balance of \$0.00 is due no later than 7/14/2015.**

***Please note that your full payment of \$1260.00 Cdn. Dollars dollars for our Aug.31-Sept.4/15 Robson Bight (5 Day) has GST included. Of this amount, you will have paid \$60.00 G.ST (Goods & Service Tax of 5%) upon full payment. Our GST Registration number is #13281-1878-RT0001.**

Note that if you are signed up on a Broken Islands trip, you have also been charged the National Park Fee of \$9.80 per person per night.



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Dear ██████████,

In order for us to process your credit card charge over the telephone, we require you to sign the authorization below and return it immediately to our office:

I, ██████████, do hereby authorize Wild Heart Adventure Tours to charge the amount of \$1260.00 Canadian Dollars on my MasterCard credit card account ██████████XXXX with expiry date 12/17 as a payment for my party of one on the Aug.31-Sept.4/15 Robson Bight (5 Day) Expedition. .

Date

Please either scan and email back to info@kayakbc.com or mail in along with your completed medical forms and waivers ASAP. We thank you in advance for your prompt attention.