

## REQUEST FORM FOR FREE NIGHTS RESERVATIONS

COMPLETE AND EMAIL THIS FORM TO: [canada.inside.sales@clubmed.com](mailto:canada.inside.sales@clubmed.com)

An incomplete request will not be processed

**COMMENTS FROM CLUB MED**  
(For internal use only)

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**MANDATORY HERE**

ONLY PERSONAL IATA/ACTA / TICO  
CARDS ARE ACCEPTED

Please place copy here

**BEFORE MAKING YOUR REQUEST :**

- 1- You must verify your number of points in your Great Advisory account in the TA website <https://en.travelagents.clubmed.ca>  
**IMPORTANT:** Make sure to be at 6 weeks or less prior to chosen date of stay.
- 2- You must know that only one room will be allocated: maximum 2 adults and 2 children under 16 years old.
- 3- It is imperative that the number of free nights booked be the same for each person travelling. Be advised that if your number of points / free nights are insufficient, the subsequent nights will be booked at rates for Travel Agents, via our call Centre, depending on availability at time of reservation.
- 4- Membership fees are to be paid for each stay, services and transfers purchased are 100% non-refundable in case of cancellation and the points are not put back into the TA account.
- 5- When your free nights booking is on option, YOU MUST PAY ONLINE, as you do for your client files on <https://en.travelagents.clubmed.ca>. However, it is imperative that you advise Inside Sales afterwards, by email, when payment is done in order for us to validate internally.

REQUESTED RESORT: 1ST CHOICE: \_\_\_\_\_ 2ND CHOICE: \_\_\_\_\_

REQUESTED DATE: 1ST CHOICE: FROM \_\_\_\_\_ TO \_\_\_\_\_ 2ND CHOICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

1. LAST NAME OF TRAVEL AGENT: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH (MANDATORY) FORMAT DD/MM/YYYY \_\_\_\_\_

2. LAST NAME OF TRAVELLING COMPANION: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH (MANDATORY) FORMAT DD/MM/YYYY \_\_\_\_\_

3. LAST NAME OF CHILD 1 (UNDER 16 YEARS OLD): \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE DE BIRTH CHILD 1 (MANDATORY) FORMAT DD/MM/YYYY \_\_\_\_\_

4. LAST NAME OF CHILD 2 (UNDER 16 YEARS OLD): \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE DE BIRTH CHILD 2 (MANDATORY) FORMAT DD/MM/YYYY \_\_\_\_\_

TRAVEL AGENT EMAIL: \_\_\_\_\_

ADDRESS OF AGENCY: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

MANAGER'S SIGNATURE: \_\_\_\_\_ NAME OF MANAGER: \_\_\_\_\_  
(MANDATORY) (MANDATORY)