



All Seasons FSI Ventures Inc.

Homestay Booking Form for Agent

Agent Information

Agent Company Name: _____

Contact Person Name: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Client Information

First Name: _____

Middle Name: _____

Family Name: _____

Gender: Male Female Date of Birth _____ Age: _____

Home Address: _____

Postal Code: _____ Phone Number: _____

Fax Number: _____ E-Mail: _____

Travel Insurance Company Name: _____

Suite 400, 905 W. Pender St. Vancouver, BC V6C 1L6 CANADA

Tel : 604 688 9398 Fax : 604 688 9367

Email : asia@aseasons.com URL : <http://www.aseasons.com>



All Seasons FSI Ventures Inc.

Period of Insurance: 1 month 3 months 6 months one year other

Insurance Ending Date: _____

Homestay Starting Date: _____

Homestay Ending Date: _____

Homestay at: City _____ Country _____

Desire Host Family Name(Family Choice Program Only):

1. _____

2. _____

3. _____

Smoker: Yes No

Do you have any allergies: Yes No _____

If Yes, please describe: _____

Health Concerns: _____

Food you can not eat: _____

Do you prefer pets at home?: Yes No

Do you prefer children at home?: Yes No

How do you spend your weekends?: _____



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Other Requests: _____

Travel Details

Arrival Airport Pick-up Required: Yes No

Arrival Date: _____ Airline Name: _____

Flight Number: _____ Arrival Time: _____ AM PM

Departure Airport Return Required: Yes No

Departure Date: _____ Airline Name: _____

Flight Number: _____ Departure Time: _____ AM PM

**Please forward to All Seasons FSI Ventures Inc.
Fax: +1-604-688-9367**