

REGISTRATION FORM

(REGISTER EARLY! LIMITED SEATS!)

Please register my partner and my name in your coming tour

NAME OF GROUP: _____

NAME: 1. Mr./Mrs./Ms _____

2. Mr./Mrs./Ms _____

I desire a single room and will pay the supplement

ADDRESS: _____

PHONE: Home _____ Office _____

EMAIL ADDRESS: _____

Please list any Disabilities or Medical conditions that may require special considerations:

MY CANADIAN PASSPORT IS CURRENT YES NO

I DO NOT HAVE A CANADIAN PASSPORT BUT WILL APPLY FOR ONE

I CARRY A PASSPORT ISSUED BY THE GOVERNMENT OF _____

MY PASSPORT NUMBER IS _____ EXPIRATION DATE _____

Passport Issue Date: _____ Passport Issue Location _____

OPTIONAL GROUP TRAVEL INSURANCE

Yes, I want the added. Please send me a Brochure and Enrollment Card.

I will be getting travel insurance on my own.

No, I decline Travel Insurance and accept the associated risks.

TERMS AND CONDITIONS

1. The minimum number of participants is 15
2. We will refund the whole deposit should we fail to get the minimum number of participants.
3. The maximum number of participants is 45 per bus.
4. Mastercard or Visa credit card payments subjected to 2 percent surcharge.