

NATURESCAPE TOURS

218.426.3293
info@naturescapetours.com
52780 145th Place. Tamarack, MN 55787

TOUR REGISTRATION FORM

::TOUR DETAILS::

Tour Name _____ Starting & Ending Dates / Year _____

If available, do you wish to participate in Pre/Post tour(s)? Yes No Name _____

Deposit Enclosed _____

::PARTICIPANTS::

(1) Name _____ Sex _____ Date of Birth _____
(as listed on passport) (month/day/year)

(2) Name _____ Sex _____ Date of Birth _____
(as listed on passport) (month/day/year)

Address _____ City _____ State _____ Zip _____

Email Address _____

*Unless the NatureScape office is notified, email address will be included on the participants list for this tour

Phone (Home) _____ (Business) _____ (Cell) _____

::PASSPORT DETAILS (For international destinations only)::

(1) Passport Number _____ Exp. Date _____ Country Issued _____
(month/day/year)

(2) Passport Number _____ Exp. Date _____ Country Issued _____
(Please enclosed a copy of the photo page of your passport) (month/day/year)

::ROOMING DETAILS::

If available, I would prefer single accommodations at the single supplement cost .

We/I would like a room with 1 bed 2 beds

Please try to find me a roommate. I will be rooming with (name/s) _____

::EMERGENCY / MEDICAL DETAILS::

Do you have any medical or physical condition we should know about and/or which would prohibit full participation in the tour?

If so, please list: _____

Will you be taking any medications during the tour that a medical professional should be aware of in the event of a medical emergency?

If so, please list medications and dosage: _____

Please list any special dietary needs, so that we can try to make provisions: _____

Who should be contacted in the event of an emergency? Name _____

Relationship to you _____ Phone _____ (Day) _____ (Evening)