

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/date/year)

(2) Name _____ Sex _____ Date of Birth _____
(as listed on Passport) (month/date/year)

Address _____ City _____ State _____ Zip _____

Email _____

- Unless the NatureScape Office is notified, email address will be included on the participants list for this tour.

Phone (Home) _____ (Work) _____ (Cell) _____

PASSPORT DETAILS (For international destinations only):

(1) Passport number _____ Exp. Date _____ Country Issued _____

(2) Passport number _____ Exp. Date _____ Country Issued _____

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 _____ or I will be rooming with (name/s) _____

EMERGENCY/MEDICAL DETAILS:

Do you have any medical or physical conditions 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 _____

Who should be contacted in the event of an emergency?

Name _____

Relationship to you _____ Phone _____ day _____ evening _____