



a d v e n t u r e • c u l t u r e • n a t u r e

REGISTRATION FORM

In order for us to finalize and reconfirm your booking, we need this form returned to our office as soon as possible.

passenger 1

Trip Name: _____
 Trip Departure Date: _____
 Name: _____
as appears on your passport
 Name Mr/Mrs/Ms: _____
to appear on passenger list
 Address: _____
 City: _____ Province/State: _____
 Postal/Zip Code: _____
 Tel. (H): _____ (W): _____
 Fax: (H): _____ (W): _____
 E-mail Address: _____
 Date of Birth (d/m/y): _____ Sex: M F
 Occupation: _____

passenger 2

Trip Name: _____
 Trip Departure Date: _____
 Name: _____
as appears on your passport
 Name Mr/Mrs/Ms: _____
to appear on passenger list
 Address: _____
 City: _____ Province/State: _____
 Postal/Zip Code: _____
 Tel. (H): _____ (W): _____
 Fax: (H): _____ (W): _____
 E-mail Address: _____
 Date of Birth (d/m/y): _____ Sex: M F
 Occupation: _____

How did you hear about ElderTreks? _____

- Room Type request: Twin – 2 Beds Double – 1 Bed
 ElderTreks to find a roommate – 2 Beds (not available on extensions).
 Single (single supplement required/space available basis only) — may not be available for all nights.

I am traveling with _____. We will be sharing the room YES NO

I would like to take ElderTreks Comprehensive Insurance ACCEPT DECLINE

I would like ElderTreks to arrange my international flights YES NO

By signing here, I acknowledge that I have read, understand and agree to the "Terms and Conditions" (at the back of ElderTreks brochure and also on ElderTreks website, see the online brochure).

Signature of Passenger 1 _____ Date: _____

Signature of Passenger 2 _____ Date: _____



ElderTreks

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