

# Tour Registration Form



Tour Code: \_\_\_\_\_

Tour Dates: \_\_\_\_\_

## Guest Information

Full Name on Passport: \_\_\_\_\_

Preferred Name, if different: \_\_\_\_\_ Birth date (DD/MM/YYYY): \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Female  Male Occupation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Address** Street: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Dietary Restrictions:  Gluten Free  Vegan  Vegetarian

Other Dietary Requirements: \_\_\_\_\_

Are you celebrating a special occasion during your time in Churchill? : \_\_\_\_\_

## Travel Information

FILL IN THIS SECTION IF YOU ARE A **MULTI-DAY** or **PACKAGE TOUR** GUEST

### Hotel Information

Room Preference (double, single, to share): \_\_\_\_\_

Roommate Preference, if known: \_\_\_\_\_

### Flight Information

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Arrival Flight Number: \_\_\_\_\_ Arrival Flight Carrier: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Departure Flight Number: \_\_\_\_\_ Departure Flight Carrier: \_\_\_\_\_

**Comprehensive travel insurance is mandatory** for participation in this tour.

I will provide my insurance policy information

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FILL IN THIS SECTION IF YOU ARE A **TUNDRA BUGGY DAY TOUR** GUEST

### Hotel Information

Churchill hotel you are staying at: \_\_\_\_\_

## Emergency Contact

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the information given is accurate and complete to the best of my knowledge.

**GUEST SIGNATURE:** \_\_\_\_\_

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