

Tour Registration Form



**FRONTIERS
NORTH**
ADVENTURES

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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