

# TOUR REGISTRATION FORM

APPLICATION FOR: \_\_\_\_\_  
NAME OF TOUR

Name: \_\_\_\_\_  
First Name                      Second Name                      Last Name                      (as it appears on your passport)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Code: \_\_\_\_\_

Telephone (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**\*Passport must be no less than six months from date of return.**

Point of origin: \_\_\_\_\_

(Please indicate where you wish to depart from: Ottawa, Dorval or Toronto)

Please indicate:      Single { }                      Double { }                      Sharing with: \_\_\_\_\_  
Smoking { }                      Non-smoking { }                      Insurance:      YES { } No { }  
Birthday { }                      Anniversary { }                      Date: \_\_\_\_\_

Payment Info:      Please make cheques payable to **TOURINGHOUSE INC.:**

Deposit + Insurance:      \$ \_\_\_\_\_

Second payment:      \$ \_\_\_\_\_

Final payment:      \$ \_\_\_\_\_

**TOTAL:**      \$ \_\_\_\_\_

**I understand the conditions, responsibilities and expectations as printed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance:

**This portion to be completed only if TOUR INSURANCE IS NOT DESIRED:**

Travel insurance has been offered to me relative to my forthcoming trip and I have declined to purchase it. I will not hold TOURINGHOUSE responsible for any expenses incurred as a result of my refusal to purchase travel insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_