

OZARKLAND GROUP TOURS REGISTRATION FORM

NAME OF TOUR BOOKED: Across Canada by Train TOUR DATES: October 4 – 17, 2020

NAME \_\_\_\_\_  
(Please print your legal name(s) as it appears your passport and date of birth)

EMAIL ADDRESS \_\_\_\_\_

NAME(S) PREFERRED ON NAME TAG: FIRST NAME LAST NAME

WE HAVE REQUESTED HOTEL ROOMS BE DOWNSTAIRS IF ELEVATOR IS NOT AVAILABLE, HOWEVER DUE TO CIRCUMSTANCES OUT OF OUR CONTROL, SOME ROOMS MAY BE UPSTAIRS. **CAN YOU STAY IN A ROOM UPSTAIRS IF NEEDED? YES OR NO (CIRCLE ONE)**

NON SMOKING OR SMOKING ROOM. **(CIRCLE ONE PREFERRED)**

DO YOU HAVE ANY **SPECIAL DATES** WE MAY RECOGNIZE DURING THE TOUR?

**BIRTHDAY(S)** NAME MONTH DAY **ANNIVERSARY(S)** NAME MONTH DAY

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**IF PAYING BY CREDIT CARD, COMPLETE THE FOLLOWING INFORMATION. YOU HAVE PERMISSION TO USE MY CREDIT CARD FOR PAYMENT. AMOUNT AUTHORIZED: \$** \_\_\_\_\_ **(RECOMMEND PUT TOTAL COST OF TOUR INCLUDING AIRFARE)**

CREDIT TYPE \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ 3 DIGIT SECURITY CODE IN THE SIGNATURE PANEL ON THE REVERSE SIDE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**EMERGENCY DATA:** THIS INFORMATION WILL BE TREATED AS PRIVATE. WE WILL TAKE THIS DATA ON THE TOUR IN THE EVENT OF AN EMERGENCY. PLEASE LIST THE PERSON(S) TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY WHILE ON THE TOUR: (CONSIDER LISTING YOUR DOCTOR(S))

NAME ADDRESS TELEPHONE NUMBER RELATIONSHIP

IS ANYONE TAKING ANY SPECIAL MEDICATIONS WE SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN:

DOES ANYONE HAVE ANY IMPAIRMENTS OR RESTRICTIONS WE SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN;

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(PERSON COMPLETING FORM)

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_