



**REGISTRATION FORM (To be filled out by each traveller)**

TRIP NAME/ GROUP TRIP NAME/ PILGRIMAGE : \_\_\_\_\_  
 (Please indicate the trip name so we assign you to the correct booking/ group)

	TRAVELER 1	TRAVELER 2
First Name (based on passport)		
Middle Name (based on passport)		
Last Name (based on passport)		
Date of Birth (MM-DD-YR)		
Home/ Mobile Number		
Email Address		
Complete Address (include postal code)		
Emergency Contact Person		
Emergency Contact Person's Number		
Dietary Restrictions (incl. Food Allergies, if any)		
Medical/ Mobility Restrictions		

Departure City \_\_\_\_\_ Return City \_\_\_\_\_

- \_\_\_\_\_ I have read, understood and agree to the terms and conditions attached to this booking/ trip.
- \_\_\_\_\_ I understand the importance of travel medical insurance and trip cancellation insurance. I am responsible for ensuring I and the travellers in this booking have purchased the appropriate travel insurance prior to start of the trip.
- \_\_\_\_\_ I have included a copy of my passport/ all travellers passport who are joining this trip with this form.
- \_\_\_\_\_ I have filled out and signed the travel insurance waiver form/ payment/credit card authorization form.

\_\_\_\_\_  
 Signature / Date

**Submit Registration form, copy of passport and travel insurance waiver / credit card authorization form.**  
**All three must be submitted to process your registration and confirm your booking.**  
**Registration requirements can be submitted by email or mail.**  
 Email: [marianathatours@outlook.com](mailto:marianathatours@outlook.com)  
 Mail to address: 24 Harcourt Crescent, St. Albert, T8N 6K7

LIABILITY:: TCBTT- Marianatha Tours is a travel agency and has made the advertised holiday arrangements with the airline/s/, hotel/s/, cruise ship/s/, other operator/s/ and other. Each of these organizations has its own specific terms and conditions for doing business and you will be bound by them. TCBTT- Marianatha Tours accepts no responsibility for /A/ the acts or omissions of any party/ies/ other than TCBTT- Marianatha Tours employees./B/ failure by the passenger to be properly documented; /C/ failure by the passenger to comply with departure or joining or baggage requirements; /D/ aircraft delays, government actions, act/s/ of God, pandemic or any factor beyond our direct control; /E/ cancellation or delay to any tour or holiday or change to the itinerary; /F/ expenses resulting from lost or damaged baggage. TCBTT- Marianatha Tours reserves the right to refuse any person as a member of these tours at its sole discretion. TCBTT- Marianatha Tours reserves the right to cancel any or all departure/s/ with or without prior notice and cancelled tours/flights will follow the policies set by the airline/s and tour operators/ suppliers.



**PAYMENT FORM**

TRIP NAME/ GROUP TRIP NAME/ PILGRIMAGE: \_\_\_\_\_

*(Please indicate the trip name so we assign you to the correct booking/ group)*

Traveller 1: \$ \_\_\_\_\_ Traveller 2: \$ \_\_\_\_\_ I would like to pay with :

\_\_\_\_\_ CASH/ E-TRANSFER (email transfer to [accounting@nexioncanada.com](mailto:accounting@nexioncanada.com))

\_\_\_\_\_ CHEQUE (Bank Certified Cheque only made payable to NEXION CANADA. Personal cheques not allowed)

\_\_\_\_\_ CREDIT CARD \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

**IMPORTANT: Credit card payment will incur additional 3.5%.**

Your credit card statement will appear as charge from Nexion Canada or name of the airline/ hotel/ tour operator/ other suppliers as applicable to your booking

CARDHOLDER'S NAME: \_\_\_\_\_

CREDIT CARD NUMBER : \_\_\_\_\_

CREDIT CARD EXPIRY DATE : \_\_\_\_\_ 3 DIGIT NUMBER AT BACK OF CARD \_\_\_\_\_

COMPLETE BILLING ADDRESS INCLUDING POSTAL CODE

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (Name of Cardholder) give full authorization to TCB Travel & Tours/ Marianatha Tours and Nexion Canada to charge \$ \_\_\_\_\_ CAD/ USD on my credit card as deposit/ final payment for the for the purpose of paying for travel arrangements for the traveller/s identified in this booking. I shall not decline, reject or challenge such amount charged on my credit card. I have read the terms and conditions of this trip.

\_\_\_\_\_ Signature / Date

**TRAVEL INSURANCE WAIVER FORM**

Travel insurance provides a valuable benefit to protect you from the unexpected. We want to ensure that your travels are only filled with happy and picturesque memories.

For that reason we will need you to read and understand the insurance offers whether from the vendor or third party.

We **strongly** recommend you purchase travel insurance.

If you choose to decline all offered protections, you assume any and all personal, mental and financial losses.

Lead Traveler's Full Name: \_\_\_\_\_

Travel Consultant's Name: \_\_\_\_\_

Travel Date: (MM/DD/YYYY) \_\_\_\_\_

*Please initial by your choice and Sign Below*

\_\_\_\_ Yes, I will purchase my/ our own travel insurance

\_\_\_\_ No, I decline to purchase travel insurance and accept the terms.

\_\_\_\_ Please contact me with more insurance information. (Check out [Manulife Global's insurance offers](#))

I hereby agree to the terms of the above and hereby understand coverage's offered of declined and understand the consequences of changes and/or cancellations.

\_\_\_\_\_ Lead Traveler Signature/ Date