

**Tour Registration Form**

**Tour Dates:** February 8<sup>th</sup>- 20<sup>th</sup>, 2019      **Tour Title:** Enchanting India Tour

FULL NAME: (Mr./Mrs./Ms./Dr.) \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

TELEPHONE: Res. (\_\_\_\_\_) \_\_\_\_\_ Bus. (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PASSPORT INFORMATION:**

Name: (as it appears on Passport) \_\_\_\_\_

PP Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

PERSONAL DETAILS: Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Physical Limitations:

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ ph. # \_\_\_\_\_

Please list name(s) & telephone number(s) of person(s) to contact in case of emergency:

\_\_\_\_\_

Check One Option:

I desire to have single accommodations (without a roommate) and pay the single accommodations supplement.

I will share accommodations with: \_\_\_\_\_

I require someone to share accommodations  Smoker  Non-Smoker

**NOTE: I have read the Group Travel Agreements on page two of this tour registration form and agree to its terms and conditions. I agree to execute the Travel Services Agreement and the Release and Liability Waiver upon acceptance of this registration and submission of my deposit.**

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

## **Group Travel Agreements:**

### **All guests will be asked to sign and agree to the rules for responsible travel:**

- I agree to travel with my sense of wonder and my sense of humor.
  - I agree to be a gracious guest and leave a place at least as good as I found it.
  - I agree to be a respectful traveler – thoughtful of the people and places I visit.
  - I agree to be on time or catch up with the group at my own expense.
  - I agree to communicate any complaints, grievances or missed expectations to the tour leader promptly, privately and appropriately.
  - I understand that travel requires patience, a positive attitude, and an ability to laugh. If I can't relax and enjoy the unexpected, I agree to stay back!
  - I agree to refrain from any discussions within the group related to politics that may offend other travelers.
  - I agree that Aarna Associates, LLC may decline or accept any person as a member of the tour and may require any individual to withdraw from the tour at any time, if Aarna Associates deems his/her actions or conduct is detrimental to or incompatible with the interest, harmony, comfort or well-being of any participant, or results in any penalty to the operators.
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### **Make Checks Payable to:**

Aarna Associates LLC

### **Submit completed registration form and checks to:**

Aarna Associates LLC  
207 Firethorne Drive  
Greer, SC. 29650