



Culture Craft & Cuisine of North India
From March 15-27th, March 2025

Please send REGISTRATION FORM with payment to
aaRna journeys, 207 Firethorne Dr Greer, SC 29650

Name _____
(As it appears on your passport)

Address: _____
City/Town: _____
Province/State: _____
Postal/Zip Code: _____
Phone(work): _____
Phone(home): _____
Email: _____
Emergency Contact: _____
Phone: _____

Culture Crafts Cuisine of North India March 15-27, 2025
Based on minimum 06 pax

Double occupancy pp twin share USD **\$4190** _____

Single Occupancy USD \$5500 _____

Please refer to terms and conditions which form part of
your registration contract. [T&C](#)

Payments:

- Deposit USD \$500 due upon registration –
- 1st Payment due by August 31st, 2024
- Balance due by November 15th, 2024

Cash, Check or wire transfer to Aarna Associates LLC.

Bank Details:

Cancellation:

- From time of booking to 90 days prior to tour start date 75% refund
- From 90-45 days prior to tour start date 50% refund
- 45 days prior tour start: No refunds. We would love to refund your cost. However, our suppliers will have been paid and a change in group numbers will affect others.
- aaRna journeys reserves the right to cancel the trip in the event the count is not met. In which case, domestic flight cost approximately \$200 and \$100 administration fee will be retained from total package price

Passport No. _____

Country of
Citizenship _____

Date/Place of
Issue _____

Date of
Expiry _____

Day/Month/Year of
Birth _____

Are you physically and mentally capable of undertaking this
tour? _____

Insurance Policy (details may be supplied later)

Trip interruption and medical insurance is recommended.
Travel Insurance Company:

_____ Insurance Policy
_____ Please initial if
you will NOT be purchasing insurance _____

Arrival and departure (details may be supplied later)

Arrival Srinagar _____ Arrival Leh _____
_____ Airline Name _____
Flt. _____ Date _____ Time _____

Departure Srinagar _____ Departure Leh _____

Airline Name _____ Flt. _____
Date _____ Time _____

Any dietary restrictions/allergies?

Rooming request with _____

Signature _____

PRINT NAME _____

Date _____