

Tour Registration Form

Tour Dates: November 8-22, 2019 **Tour Title:** BEST of 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:

Doctors 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

_____ I desire to participate in excursions: a) Yoga session _____ b) Kolam Art _____

NOTE: I have read the Group Travel Agreements and disclaimer 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 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.

Disclaimer

- International travel involves inherent risks. aaRna journeys cannot be liable for any injury, death or loss of personal property in connection with your participation in aaRna journeys activities. By participating in aaRna journeys tours, you assume risk of inherent dangers (including without limitation, annoyance and expenses) related to military or political action, civil disturbances, quarantine, strikes, detention, mental trauma, pilferage, weather, epidemiological events, acts of God or any other circumstances over aaRna journeys has no control.
- Company reserves the right to make minor modifications to the daily itinerary flow based on weather, traffic, or other conditions for the convenience of the traveling customers.

Make Checks Payable to:

Aarna Associates LLC
207 Firethorne Dr
Greer, SC 29650

