

# WAN-DA TOURS

## Registration Form

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### Tour Package:

**Tour Name:** \_\_\_\_\_

**Tour Dates:** \_\_\_\_\_

**Tour Package** (please underline one):      Full Package    *OR*    Land-Only

### Personal Information:

#### Registrant 1:

**Full Legal Name:** \_\_\_\_\_

Please enter name **exactly** as it appears in passport.

**Name for Tour:** \_\_\_\_\_

Please enter name you'd like us to use while on tour.

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State/Province:** \_\_\_\_\_      **Zip/Postal Code:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_      **Evening Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Occupation/Profession:** \_\_\_\_\_

**Date of Birth** (dd/mm/yyyy): \_\_\_\_\_      **Nationality:** \_\_\_\_\_

**Passport #:** \_\_\_\_\_      **Expiry:** \_\_\_\_\_

#### Personal Information:

Please advise us of any disabilities, food allergies, health issues that we should know about.

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#### Registrant 2:

**Full Legal Name:** \_\_\_\_\_

Please enter name **exactly** as it appears in passport.

**Name for Tour:** \_\_\_\_\_

Please enter name you'd like us to use while on tour.

**Occupation/Profession:** \_\_\_\_\_

**Date of Birth** (dd/mm/yyyy): \_\_\_\_\_      **Nationality:** \_\_\_\_\_

**Passport #:** \_\_\_\_\_      **Expiry:** \_\_\_\_\_

#### Personal Information:

Please advise us of any disabilities, food allergies, health issues that we should know about.

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### Emergency Contact:

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

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### Tour Information:

**Room Type** (single, double, triple): \_\_\_\_\_. If single would you like us to try to find someone with whom to share (cannot be guaranteed)? **Yes / No**

Criteria for room share: \_\_\_\_\_.

Would you like a single room and pay the supplement if required? **Yes / No**

**Where do you wish to start your tour?** (Please specify city) \_\_\_\_\_

**If your international flight differs from the tour package flight, please provide:**

Carrier: \_\_\_\_\_ Flight Number: \_\_\_\_\_ Arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

### Tour Extension:

Would you like a pre-tour or post-tour extension? \_\_\_\_\_

Describe if applicable: \_\_\_\_\_

**Travel Insurance:** While strongly recommended, travel insurance is optional. Indicate your preference.

**Registrant 1:** Please circle an option:

Deluxe Package  
Non-Medical Package  
Trip Cancellation/Interruption  
Emergency Medical Only  
Baggage Loss

**Registrant 2:** Please circle an option:

Deluxe Package  
Non-Medical Package  
Trip Cancellation/Interruption  
Emergency Medical Only  
Baggage Loss

PLEASE NOTE TRIP CANCELLATION INSURANCE MUST BE TAKEN OUT AT THE TIME OF REGISTRATION.

I decline the offer of insurance (please sign if applicable): \_\_\_\_\_

### Declaration of Deposit, Insurance and Payment Requirements:

A deposit of \$400 per person is required at time of registration. The deposit becomes non-refundable 90 days before departure of the tour. Full payment is due 45 days before departure and is non-refundable from that point on.

Tour terms, conditions and responsibilities can be found on our website at the following URL:

[www.wandatours.com/terms\\_conditions.html](http://www.wandatours.com/terms_conditions.html)

Please indicate that you have read, understood and agree to abide by the terms, conditions and responsibilities as outlined in the company's brochures and fliers, (please initial): \_\_\_\_\_

### Deposit and Payment Options:

Personal cheque, money order, bank draft, VISA, MasterCard, American Express (Surcharge may apply if using American Express)

### Credit Card Information:

**Name on card:** \_\_\_\_\_

**Card number:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

I authorize Wan-Da Tour Co. to take a charge of \_\_\_\_\_ on my credit card \_\_\_\_\_ (initial)