

**ATLANTIC CANADA NATURE SAFARIS  
REGISTRATION FORM**

(Fill out one form for each person please)

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:**

Street / Box # \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_

Province / State \_\_\_\_\_

Country \_\_\_\_\_ Code \_\_\_\_\_

**PHONE:**

Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

**AGE:** \_\_\_\_ **SEX** ( M / F ) \_\_\_\_ ( Consult ACNS regarding children )

**MEDICAL INFORMATION:**

Please identify medical or health condition ( e.g. injuries, allergies )

\_\_\_\_\_  
\_\_\_\_\_

**TOUR NAME:** \_\_\_\_\_

**TOUR DATE:** Start \_\_\_\_\_ End \_\_\_\_\_

**ACCOMMODATIONS: [ X ]**

Double occupancy [ ]\* Single private room [ ] (extra \$)

\* Couples, to assist with selection of rooms, specify if a room with  
1 bed ( double or queen size ) is suitable. **Yes** ( ) **No** ( )

**FOOD/DIET: [ X ]**

Omnivorous [ ] Other [ ] ( specify \_\_\_\_\_ )

**PAYMENT: [ X ]** Consult the **Tour Guide** for Our Policy on Cancellations

\$450 Deposit [ ] Full Payment [ ] Amount \_\_\_\_\_

Cheque [ ] VISA [ ] MC [ ] Expiry: M \_\_\_\_\_ Y \_\_\_\_\_

Card No. \_\_\_\_\_

Also, charge any balance, when due, to this card. **Yes** ( ) **No** ( )

**Signature** \_\_\_\_\_

( I authorize above payment(s) to be charged to my credit card )

**In case of emergency, please contact:**

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

\* Also, please read and sign the waiver form \*

**Atlantic Canada Nature Safaris**

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PO Box 33051 Halifax NS B3L 4T6  
Toll free: 1 - 877 - 455 - 3595 Fax: (902) 484 - 6584

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**Please tell us how you initially found out about Atlantic Canada Nature Safaris. [ X ]**

Print advertisement. **YES** [ ] Which publication? \_\_\_\_\_ Internet Search. **YES** [ ]

Referred by (name). \_\_\_\_\_ Other. Explain \_\_\_\_\_