

**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:** _____

Send this form along with the Waiver Form to: **Atlantic Canada Nature Safaris**
5665 Livingstone Street
Halifax NS B3K 2C2

Phone: (902) 499-4114

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 _____