



REGISTRATION FORM

2801 Hawthorne Ave / Grand Junction CO 81506
Tim Carter 1-970-531-2031, Carterphoto@comcast.net
Tina Wilson 1-970-531-9604 /Tina@CarterActiveTours.com

Please complete this registration form and mail

a copy with your deposit to:

CARTER ACTIVE TOURS: 2801 Hawthorne Ave / Grand Junction CO 81506
For additional participants, please copy this form and fill out separately.

Name of Trip _____ Trip Departure Date _____

Your Full Name _____ Preferred First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ Work Phone _____

Passport Number _____ Place of Issue _____

Date of Issue _____ Citizenship _____

Gender _____ Age _____ Occupation _____

Where or how did you first hear about *Carter Active Tours*? _____

Please list all prior road cycling, mountain biking, Nordic skiing and any other prior significant outdoor activities:

Please list all dietary restrictions. _____

Please list any health or medical condition or other issues which are or may be relevant to your participation in the selected trip.

I am willing to share a room _____ I prefer a single room (supplemental cost \$400) _____

In case of Emergency, please notify _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relation _____

Name of medical/health insurance company _____

Address and phone number _____

If you do not have medical/health insurance, please check one of the following: _____ I plan on purchasing medical insurance
_____ and/or travel insurance prior to the trip which will provide coverage while I am participating in the trip.

A \$500 deposit per person will reserve your space EARLY for the Northern Spain Tour, Fall 2017. Limited to 16.

The Tour Price is \$3150. The deposit is \$500 to save your place.

I have enclosed a deposit check for \$_____. Balance due \$2650. Date Pd: _____ Ch# _____

1. Payment of \$1000 is due May 1, 2017 (Balance remaining \$1650). Date Pd: _____ Ch# _____

2. Final Payment of \$1650 is due Aug.1, 2017. Date Pd: _____ Ch# _____

3. If adding Single Supplement the price is \$400. \$_____. Due May 1 with your payment of \$1000. Date Pd: _____ Ch# _____

PHOTO RELEASE

My signature below indicates that I give *Carter Active Tours* permission to use any photographs in which I may appear on their website, in their brochure, publications, or for any promotional materials.

Participant's Signature _____ Date _____