



REGISTRATION FORM

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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 , Nordic skiing, road cycling, mountain biking 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 \$360) _____

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 Seefeld Nordic Tour, Winter 2019. Limited to 16.

The Tour Price is \$1800. The deposit is \$500 to save your place.

I have enclosed a deposit check for \$_____. Balance due \$1300. Date Pd: _____ Ch# _____

1. Payment of \$700 is due Aug. 1, 2018 (Balance remaining \$600). Date Pd: _____ Ch# _____

2. Final Payment of \$600 is due Oct. 1, 2018. Date Pd: _____ Ch# _____

3. If adding Single Supplement the price is \$360. \$_____. Due by Sept. 1, 2018. 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 _____