

Birding Research And Nature Tours



TOUR REGISTRATION FORM

Please Print Clearly

Tour Information

Tour: _____

Tour Dates: _____

Tour Cost: _____

Participant Information

Participant #1

Full Name: _____ Date of Birth: _____ M/F

Address: _____ City: _____

State: _____ Country: _____ Zip: _____

E-Mail: _____ Phone: _____

For International Tours

Passport Number: _____ Expiration Date: _____

Participant #2

Full Name: _____ Date of Birth: _____ M/F

Address: _____ City: _____

State: _____ Country: _____ Zip: _____

E-Mail: _____ Phone: _____

For International Tours

Passport Number: _____ Expiration Date: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Phone: _____ Email: _____

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Accommodations

Occupancy

Select One

Double (One Bed) ☐

Double (Two Beds) ☐

Single ☐

Roommate

Select One

Assign Me a Roommate ☐

I Know Who I'm Rooming With ☐

Full Name of My Roommate (If applicable): _____

Physical & Health Information

Health Conditions

Please describe any health conditions or limitations you have that need to be considered to make your trip as enjoyable as possible...

Medications

Please provide a list of any medications you are taking...

Dietary Requirements

Please describe any dietary restrictions you may have...

How Did You Find Us?

Select All That Apply

Festival or Event ☐

Word of Mouth ☐

Internet Search ☐

Facebook ☐

Other Social Media ☐

Previous Client ☐

Other (please specify) ☐ _____

