



VENTURES BIRDING TOURS
 PO BOX 1095, SKYLAND, NC 28776
 828-253-4247 (PHONE & FAX)
 E-MAIL: VENTURESBIRODING@GMAIL.COM

TOUR REGISTRATION FORM

I/We wish to register for the following tour:

TOUR: _____ **START DATE:** _____

If offered, do you wish to participate in Pre/Post tour extensions? _____ Yes _____ No

I have/have not received the **detailed day-by-day itinerary** for the tour (if you circle 'have not,' it will be mailed to you.)

(1) **NAME:** _____ Gender: _____ Date of Birth: _____
 As listed on passport (M/F) (month/day/year)

(2) **NAME:** _____ Gender: _____ Date of Birth: _____
 As listed on passport (M/F) (month/day/year)

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP/POSTAL CODE:** _____

COUNTRY _____

Do you wish to have your mailing address appear on the tour participants list? Y / N

E-MAIL ADDRESS: _____ Sign me up for your e-newsletters Y / N

PHONE (HOME): _____ **(WORK/CELL)** _____

Phone numbers are not included on the tour participants list.

PASSPORT INFORMATION (for foreign destinations only)

 (1) Passport number Exp date (month/day/year) Nationality

 (2) Passport number Exp date (month/day/year) Nationality

ACCOMMODATIONS

___ Please try to find a roommate for me ___ I would like a single room, if/when available, at additional cost

I would like a room with ___ 1 bed ___ 2 beds ___ I smoke ___ I snore

___ I already have a roommate: _____

HEALTH INFORMATION

Describe/assess your physical condition: _____

Dietary restrictions/food allergies: _____

Medical allergies: _____

Prescriptions & medications: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____

Relationship to you: _____ Phone (home): _____ (cell): _____

TERMS & CONDITIONS

TOUR PAYMENTS: All payments, including initial deposit, can be made through our online reservation system via our website. We do accept credit cards for an additional fee (2.9% for MC, Visa, Discover; 3.9% for AmEx), but you may also pay by bank transfer, check, or money order. **Unless otherwise stated on the tour flyer & itinerary, full payment is due 120 days prior to departure.**

DEPOSIT ENCLOSED: _____ (as listed on tour flyer – usually about 10% of the trip cost)

MC/Visa/AmEX/Disc No. _____ Exp. Date _____

Name, as it appears on the card: _____ Security code: _____

CANCELLATIONS

- 120 or more days prior to departure - the deposit & any subsequent payments are refunded minus a \$100 per person office fee, unless deposit is transferred to another Ventures trip departing within the next 12 months, in which case the office fee will be waived.

- 71-119 days prior to departure – deposit is forfeited and only a partial refund (50% of total trip cost) will be available.

- 1-70 days prior to departure – deposit and all subsequent payments are forfeited.

We highly recommend that you purchase trip cancellation (including medical emergency) insurance to cover your investment in case of injury or illness to you or a family member prior to or during a trip.

LIABILITY

VENTURES, Inc. gives notice that it is only an agent to the owners and suppliers providing transportation, accommodation, meals, tours and/or related travel services.

VENTURES, Inc. also assumes no responsibility for any delay, mishap, inconvenience, expense, injury or death, or damage to property occasioned through the negligence or default of any company or individual engaged in providing these services.

VENTURES, Inc. assumes no responsibility or liability for any delay, mishap, inconvenience, expense, injury or death, or damage to property occasioned through acts of God, detention, weather, quarantines, strikes or civil disturbances.

VENTURES, Inc. reserves the right to alter the itinerary and/or substitute vessels, hotels and/or airlines when deemed necessary or advisable.

RELEASE

I have carefully read and accept the Terms and Conditions as stated on this page. I also acknowledge that during a trip to a destination such as this and on a tour of this nature, certain risks & dangers may be involved, including but not limited to: riverboat travel, hiking over slippery and muddy trails and underdeveloped areas, the forces of nature, and accident or illness in remote areas without means of rapid evacuation or availability of medical supplies and facilities. I am voluntarily participating in these activities with the knowledge of the dangers involved and hereby agree to assume any and all risks, including injury and death. I therefore release and discharge (and will not make a claim against) **VENTURES, Inc.** for bodily injury, death, or property damage arising from my participation in this tour. This release of liability is entered into on behalf of all members of my family, including all minors accompanying me. I certify that I am the parent or legal guardian of any such minors and that I am over 21 years of age.

Signature: _____ Date: _____

Signature: _____ Date: _____