



Registration Form

Please reserve _____ places on the Great River Journey expedition (date) _____

Name(s) _____

Name(s) _____

Phone Home _____ Work _____

Cell _____ Fax _____

Email _____

Address _____

City _____ Province/State _____

Country _____ Postal Code/Zip _____

Is anyone in your group under 19 years of age? Yes No

Please list any health concerns or allergies that we should be aware of: _____

** All participants must fill out a detailed Medical Form, Information Form and Liability Waiver*

Please enclose a 25% reservation deposit: we accept CDN and US funds: Cheque Visa Mastercard

Credit Card # _____

Expiry Date _____ Last 3 digits on the back of card in signature panel _____

** Your deposit is refundable less a \$100 administration fee until 90 days prior to your trip departure date - then your final payment will be due, and all deposits become non-refundable.*

Trip Cancellation and Medical Evacuation Insurance is strongly recommended.

** I understand that I will be required to sign a release of liability, waive of claims, and assumption of risk before I depart on my tour.*

Signature _____

Date _____