

Please note: By registering for our tours you declare to have read, understood and accepted our terms and conditions.



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# REGISTRATION FORM

## Nature Tours of Yukon

Please, complete this form and forward by mail or fax to:

[Nature Tours of Yukon Inc.](#)

P.O. Box 31187

WHITEHORSE, YT Y1A 5P7

Canada

Fax: (1)867-667-2028

Please note: A separate form is required for each participant!

Name of trip: \_\_\_\_\_

Date of selected trip: \_\_\_\_\_ Alternate trip date: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal / Zip code: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Date of birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Gender: M / F

Home phone #: \_\_\_\_\_ Work phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check one of the following options:

I have enclosed a Health Statement in which I provide information on any dietary restrictions, physical limitations and/or allergies.

I choose to refrain from providing any information on my physical condition to Nature Tours of Yukon.

\*I recognize that I will be required to sign a release of claims and waiver of liability and that said document must be received by our office prior to departure of the trip(s).

\*By registering for our tours you declare to have read, understood and accepted our terms and conditions.

Signature: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_

