



Complete this form and return by email or mail to:

info@naturetoursyukon.com

Nature Tours of Yukon Inc.
P.O. Box 31187
WHITEHORSE, YT Y1A 5P7
Canada

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: _____

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

IMPORTANT NOTICES:

By registering for our tours you declare to have read, understood and accepted our General Terms and Conditions.

By registering for our tours you recognize that you will be required to sign a Release of Claims and Waiver of Liability and that said document must be received by the office prior to departure of the trip(s).

Signature: _____

Place: _____ Date: _____