



**Churchill Tour Registration Form**

Tour Name: \_\_\_\_\_

Tour Code: \_\_\_\_\_ Tour Dates: \_\_\_\_\_

**Guest 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ (dd/mm/YYYY)

Name to go on name tag: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Hotel Information**

Hotel Room Preference: \_\_\_ Smoking \_\_\_ Non-Smoking  
\_\_\_ Single \_\_\_ Double \_\_\_ Twin (2 beds) \_\_\_ Triple

**Personal Information**

We urge you to complete all questions in the following section. All information is kept strictly confidential.  
Do you have any dietary, medical, or physical restrictions? \_\_\_ Yes \_\_\_ No

Please explain: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_

Emergency Contact's phone # & Address:  
\_\_\_\_\_

**Travel Information**

Gateway City Arrival (pre-tour date): \_\_\_\_\_

Flight #: \_\_\_\_\_ Time of arrival: \_\_\_\_\_

Gateway City Departure (post tour date): \_\_\_\_\_

Flight #: \_\_\_\_\_ Time of departure: \_\_\_\_\_

Name of hotel (if not booked through us): \_\_\_\_\_



**Guest 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ (dd/mm/YYYY)

Name to go on name tag: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Hotel Information**

Hotel Room Preference: \_\_\_ Smoking \_\_\_ Non-Smoking  
\_\_\_ Single \_\_\_ Double \_\_\_ Twin (2 beds) \_\_\_ Triple

**Personal Information**

We urge you to complete all questions in the following section. All information is kept strictly confidential.  
Do you have any dietary, medical, or physical restrictions? \_\_\_Yes \_\_\_No

Please explain: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_

Emergency Contact's phone # & Address:  
\_\_\_\_\_

**Travel Information**

Gateway City Arrival (pre-tour date): \_\_\_\_\_

Flight #: \_\_\_\_\_ Time of arrival: \_\_\_\_\_

Gateway City Departure (post tour date): \_\_\_\_\_

Flight #: \_\_\_\_\_ Time of departure: \_\_\_\_\_

Name of hotel (if not booked through us): \_\_\_\_\_

**Payment Information**

Please charge my payments to: \_\_\_ Visa \_\_\_ MasterCard

Card Number: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_

Name on card: \_\_\_\_\_

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

**Travel Insurance**

We strongly urge participants to purchase Travel Insurance. Neither Heartland International Travel & Tours nor their agents or contractors will be held responsible for missed connections, incorrect check in times, improper documentation, lost, stolen, or damages luggage. Any additional expenses caused by late or cancelled transportation carriers will be borne by the traveller.

**Please indicate if you require any insurance coverage.** \_\_\_ Yes \_\_\_ No

\_\_\_ Non-medical Inclusive Insurance\*

\_\_\_ Canada All-Inclusive Insurance\*

\_\_\_ Cancellation and Interruption\*

\*Available to residents of Manitoba only

Date(s) of birth are required for insurance coverage for all those wanting insurance (DD/MM/YEAR)\_\_\_\_\_

Insurance is an important issue. If you don't want coverage for your trip, we require all of your signatures below.

I \_\_\_\_\_ (please print name) AM FULLY AWARE OF ALL THE RISKS INVOLVED IF DECLINING ALL INSURANCE COVERAGE FOR MY TRIP TO CHURCHILL\*\*:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Please note, weather conditions play a major role in northern activities. Heartland International Travel & Tours and your providers will endeavor to provide the tour as advertised, although schedules and costs may be subject to change without notice. Delays or changes may at times be necessary. In the event of flight delays, changes in tour or cancellations, expenses will be borne by the traveler. Refunds will not be issued. For those traveling from outside of Canada we that suggest you check Customs Regulations regarding import restrictions prior to beginning your trip.

**Cancellation Information**

In the event that you must cancel your reservation, refunds will be made according to the following schedule: Deposit: \$400.00 CAD per person non-refundable. 90-61 days prior to departure, 50% of total is non-refundable. Less than 60 days prior to departure, 100% non-refundable. Contact us for insurance packages and rates so that you can be appropriately covered for your travel needs.

**Please return completed form to:**

Heartland International Travel & Tours  
Suite 202-3111 Portage Avenue  
Winnipeg, MB R3K 0W4  
Canada

Phone: (204) 989-9630 Toll Free: 1-866-890-3377 Fax: (204) 989-9636 Email: [info@heartlandtravel.ca](mailto:info@heartlandtravel.ca)

