

**Churchill Northern Lights Tour Booking Form**  
**Heartland International Travel & Tours**  
**202 - 3111 Portage Ave. Winnipeg, Manitoba, Canada R3K 0W4**  
**Toll Free: 1-866-890-3377 Phone: (204) 989-9630 Fax: (204) 989-9636 Email: [info@heartlandtravel.ca](mailto:info@heartlandtravel.ca)**

**Tour Date choice:**

Please print clearly

**Contact Information:**

Name(s) on Passport: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

Prov/State: \_\_\_\_\_ Postal/Zipcode: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Please note any food allergies or dietary concerns (gluten free/vegetarian/vegan, etc.) we should be aware of:**

**Insurance:**

We strongly urge all of our tour guests to purchase some sort of Travel Insurance coverage for this trip. Neither Heartland International Travel & Tours nor their agents or contractors will be held responsible for missed connections, incorrect check in times, improper documentation, weather, lost, stolen or damaged luggage. Any additional expenses caused by late or cancelled transportation carriers will be borne by the traveler.

Please indicate if you require any insurance coverage from Heartland Travel:

Yes\*  No – I have my own coverage for this trip – we will require you to sign a separate waiver form declining coverage

(\*Available to MB residents only)

If yes, select one option:

Canada All Inclusive Plan\*  Non-Medical Inclusive Plan\*  Cancellation and Interruption\*

Date(s) of birth are required for insurance coverage

(DD/MM/YEAR) \_\_\_\_\_

I/We DECLINE ALL INSURANCE COVERAGE FROM HEARTLAND TRAVEL sign below for declining insurance coverage for the trip

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

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**Via Rail Information:**

Please check off your preference:

Seat only \_\_\_\_\_ Upper Berth \_\_\_\_\_ Lower Berth: \_\_\_\_\_ Cabin: \_\_\_\_\_

**Payment Information:**

Forms of payment accepted are: Visa or MasterCard, cash, cheque

Credit Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

CVC/CVV (Security code on back of credit card): \_\_\_\_\_

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

Signature for credit card charges: \_\_\_\_\_

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

**Misc. Notes:**

-Please make sure all options on this form are filled out accurately and appropriately. Heartland Travel does not assume responsibility if there is missing information on this form or the form is not filled out properly. If you have any questions regarding this form or the tour, please contact Jayde or Don at Heartland Travel.

-All persons travelling on the Tours MUST sign the waiver form below. If anyone is travelling with you who are under the age of 18, please sign the waiver form on their behalf and indicate you are doing so.

-If you have declined insurance coverage from Heartland Travel for this trip, we will send you a separate waiver form declining coverage ALL PERSONS MUST fill out and sign stating they are declining coverage from Heartland Travel

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