Cabin Fever Adventures

Trip Application/Registration Form

After confirming with CFA availability of space on your desired itinerary, please fill in a form for each person registering for the trip. Please note each participant must also fill out a *Medical Form* and a *Release and Assumption of Risk Form*.

Name:_____ Parent/Guardian_____

Date of Birth (y/m/d):_____ Age:_____Sex:_____

Home Phone:_____ Work Phone:_____

E-mail:_____Cell:_____

Address:_____

City:_____ Province/State:_____

Country:_____ Postal/Zip code:_____

Name of Trip:_____

Dates, 1st choice:_____ 2nd choice:_____

Do you have a traveling partner you wish to share a tent with? Name(s):_____

_____

Are you planning on using your own tent? *Cabin Fever Adventures* provides tents (except for our cycle tours). However, if you wish to bring your own tent we would like the following information to ensure its suitability.

Make:_____ Model:_____Season Rating:_____Age:_____

Are you planning on renting a sleeping bag from us?($50/trip) Yes_____ No_____

Please list any Dietary Restrictions:_____

Arrival Date in Whitehorse(y/m/d)_____Name of Hotel:_____
(If this information is not known at the time of registration please inform us as soon as possible)

How did you hear about *Cabin Fever Adventures*?

Friend/Family _____Previous Guest_____Web Search_____Print Advertising____

Magazine/Newspaper_____ Conference/trade show_____ Other_____

Payment Information

A deposit of 25% of the trip fee is required to secure your reservation. Please submit this deposit with this registration form via cheque or money order payable to *Cabin Fever Adventures*, or call our office to make payment by visa or mastercard. The balance, including GST is required 60 days prior to the start date of your trip. If you are registering with less than 60 days to the start of your trip the full balance is required with submission of the registration form.

Trip Cost		$_____
	+	
Sleeping Bag Rental		$_____ (if applicable)
	=	
Sub-Total		$_____

To Calculate Deposit:

(Sub-Total x 0.25) = $_____

Please check your method of payment: Cheque____ Visa ____ Mastercard ____

Name on the card: _____Amount $ _____

Expiry Date_____ Card #:_____

Signature of Card Holder:_____

I, the undersigned, understand and agree that all deposits and payments are subject to *Cabin Fever Adventures' Booking and Cancellation Policies*. Please find these policies on our web site, www.cabinfeveradventures.com under the *Reservations* page. I am also aware that the *Medical Form* and *Release and Assumption of Risk Form* are required with full payment of the trip fee.

Signature: _____ Date (y/m/d):_____

Please mail your forms or send a scanned facsimile via e-mail to:

Cabin fever Adventures
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Phone: 1-867-335-0318