

Workshop Registration Form



Name: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip code: _____

Home Tel: (____) _____ Bus. Tel: (____) _____ Ext. _____

E-mail: _____ Fax: (____) _____

Workshop name: _____ Dates: _____

Total cost: \$ _____ Deposit enclosed: \$ _____ (Deposit 20% or \$100.00 whichever is more. Balance due 30 days prior)

Payment by (circle one):	Visa	Master Card	Cheque	Money Order
Card #:	_____	Expiry:	_____	
Card holder signature:	_____	Date:	_____	
I agree to the terms and conditions of registration and understand I will be required to complete and sign all required forms including a standard liability release before participating in any activity.				
Date:	_____	Signed:	_____	

Accommodation type: Guestroom in lodge: _____ Gazebo: _____ Tent: _____ Off-site: _____

Single: _____ Double: _____ Share with: _____

Additional night required: Yes _____ No _____ Details: _____

How did you hear about us? Brochure Web Search Paddling Ont Site Other Website Word of Mouth Previous Guest
 Mag Advert Mag Article Slide show Web advert Other

Please be as specific as possible: _____

What interested you in this trip/course? _____

Your occupation: _____

Please send information to my friend: _____

What are you most looking forward to? _____

Do you have any concerns? _____



Workshop Medical/Diet Form

Name: _____

Program name: _____ Dates: _____

Emergency contact (name(s)): _____ Relationship: _____

Home phone #: _____ Other phone #: _____

Health insurance provider (US guests): _____ Contact: _____

Policy /OHIP #: _____ Phone: _____

Birth date: _____ Male: _____ Female: _____

Please evaluate your health: Fair: _____ Good: _____ Excellent: _____ N/A: _____

Please evaluate your fitness: Fair: _____ Good: _____ Excellent: _____ N/A: _____

If applicable, please describe any medical, physical, or mental health conditions that may affect your participation in this workshop: _____

Please list any allergies. (Please include your reaction and severity if exposed): _____

Please list any drug allergies. (Please include your reaction and severity if exposed): _____

Please list any dietary allergies and severity: _____

Please advise of any dietary restrictions or dislikes: _____

Please indicate any dietary preferences: _____

I have read and agree to the terms and conditions of registration (outlined on page 3). I understand I will be required to complete and sign all required forms including a standard liability release before participating in any activity.

Date: _____ Signed: _____



Registration Terms & Conditions

REGISTRATION

To register you must complete all forms including the Registration Form, Medical/Diet Form and the Participation Release of Liability. **All forms are required for your participation in any activity.** If you register, then decline to sign the Medical/Diet Form and/or Liability Release, you will not be permitted to participate. If you have any questions about the forms, please feel free to contact us. Naturally Superior Adventures takes great care to ensure your safety.

CONFIRMATION

We will confirm your reservation upon receipt of your registration forms and deposit.

PAYMENT

If paying by credit card, your deposit will be processed upon receipt of your registration forms. The balance payment will automatically be processed on your credit card 30 days before your start date. We cannot guarantee your reservation if your credit card is declined.

If paying by cheque or money order, your reservation will be confirmed upon receipt of your registration forms and deposit. The balance must be received 30 days prior to your start date. We will contact you to confirm receipt of both your registration forms and as well as your final payment. If full payment is not received 30 days prior, your reservation may not be guaranteed. Please feel free to contact us to follow up.

INFORMATION PACKAGE

Closer to your start date, we will forward an Information Package. This package is designed to assist with your planning. It includes directions to our site and some insight into what to expect during your program.

CANCELLATION

Cancellations more than 60 days before your start: 100% less a \$45.00 administration fee

Cancellation more than 30 days before your start date: 100% refund (less deposit)

Cancellation 14 -30 days notice: 50% refund

Cancellation less than 14 days notice: no refund.

If you find a qualified replacement we will refund all but the \$45.00 administrative fee.

We reserve the right to cancel any program with 14 days notice at which time a full refund will apply. Should this occur, we will advise you. You always have the option of transferring to another program.

We highly recommend cancellation insurance, especially when air travel is required. Insurance must be purchased when you book your flight. Travel and trip cancellation insurance is widely available through CAA/AAA travel, many travel agencies and through many insurance brokers. This type of insurance is not expensive and can be a worthwhile investment.

PRIVACY

In accordance with privacy legislation, the information provided in these forms will be used by Naturally Superior Adventures only for the purpose providing services to our customer and will only be provided to others in the event of emergency or health issues that arise for the purpose of attending to the needs of our guest. To this extent and for the stated purpose the guest consents to the use and disclosure of the information contained herein. The above information is complete and correct to the best of my knowledge.

QUESTIONS

Please feel free to contact us at any time. We are happy to answer all of your questions and provide as much information as you need prior to your program.