



303.652.1535
www.packafork.com
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**NEW ZEALAND'S NORTH & SOUTH ISLANDS:
A Scenic, Cultural & Culinary Exploration**

GUEST REGISTRATION

First Name _____ Middle Name _____

Last Name _____ DOB: _____

U.S. Citizen? Yes No If not, name country _____

E-mail address _____

Telephone (mobile) _____ Other _____

Street Address _____

City _____ State _____ Zip _____

Country _____

EMERGENCY CONTACT

Emergency Contact Name _____

Relationship to You _____

Emergency Contact Address _____

Emergency Contact Phone _____ Other _____

Primary Care Doctor _____ Phone _____

Allergies to Medications: _____

Medical Insurance Information (in case of an emergency):

Insurance Company _____ Phone# _____

Policy# _____ Group# _____

Please provide Pack A Fork! with a copy of your current passport

_____ **I have attached a copy of my Passport and will enclose it with this Guest Registration form (send by e-mail to info@packafork.com or by mail)**

** Note: Most countries require a passport to be valid 6 months past your travel dates. If you do not yet have a passport or if you are renewing your passport, please let us know when you have received it. We need a copy of it as soon as possible.*

This trip is rated 'easy' from an activity level. However, there might be walking, standing, stair-climbing and walking up hill on uneven terrain during tours. Do you have any physical conditions that might prevent you from participating in these activities?

Tell us a bit about you..

What are your expectations for this trip?

What interests you most about this itinerary?

Are there any special events you will be celebrating during the tour (birthdays, anniversaries, etc.)?

Do you have diet restrictions (vegetarian, gluten-free, vegan, etc.)? Please also list foods you do not like. We will find an alternative for you.

Any questions or concerns? Please describe here or contact us at 303-652-1535.

Please note: This is a non-smoking trip. Smoking will not be allowed in hotels, on the coach or in other non-smoking designated areas.

Accommodations:

If you are sharing a room, please indicate his/her name _____

_____ I would like to have my own room (requires an additional single supplement)

If there is anything we should know regarding your rooming preferences, please indicate here:

Arrival Information:

Please select from the following regarding your arrival and departure information:

_____ I have made my own flight arrangements through Exito Travel or by another means and have forwarded a copy of my itinerary to Pack A Fork!

_____ I have not yet booked my flight arrangements, but will send Pack a Fork! a copy of my itinerary once I have done so. (Please email to: info@packafork.com)

Payment:

_____ **Payment In full for tour/double occupancy**

_____ **Payment in full for tour/single occupancy**

_____ **Payment by Check** _____ **Payment by bank transfer (contact office)**

Please make check payable to Pack A Fork! LLC. Mail with this Guest Registration form and the signed Consumer Disclosure form (download PDF's on website) to Pack A Fork!, P.O. Box 288, Niwot, CO 80544

_____ I agree with the **Financial Terms & Conditions** stated on the website.

_____ I agree with and have signed the **Consumer Disclosure** form (download PDF form on website)

Travel Insurance:

_____ I will purchase travel insurance for this trip.

_____ I will not purchase travel insurance for this trip.

Photo Release: I give my permission for Pack A Fork! LLC to publish tour photos/video where I could be present that would be used for marketing purposes.

Signature _____

By signing this Guest Registration form, I certify I have read, understand and agree to the Financial Terms & Conditions and Consumer Disclosure Notice for this group tour.

Signature _____