



BELIZE TRIPS – REGISTRATION FORM

ONCE COMPLETED, PLEASE FAX TO: 1-867-668-3056

Trip Name #1	Date of trip #1		
Trip Name #2	Date of trip #2		
Applicant #1	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Applicant #2	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Applicant #3	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Applicant #4	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Applicant #5	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Applicant #6	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Day Tel	Eve Tel	Fax Tel	
Street Address			
City	Province/State	Country	
Post/Zip Code	E-mail Address		
How did you hear about us?			

PAYMENT INFORMATION

This section must be completed in full to confirm your reservation.

Please accept my non-refundable deposit of Participants x \$200 = by: Credit Card Cheque

Trip cost per person \$ Total Cost of Trips \$ Final balance is due 60 days prior to trip departure.

Final balance owed, will be paid on the due date with my: Credit Card provided below Personal Cheque.

CREDIT CARD INFORMATION

This is to verify that I (print name) hereby authorize CRE to charge my

Credit Card Visa MasterCard (card number) (exp. date)

I have read carefully and fully understand the contents of this registration form as well as the conditions listed herein including the cancellation and refund policies. I also understand that I must complete and sign a medical form and release of liability prior to trip departure. I understand that I will receive an invoice with a final balance and due date from CRE. I hereby acknowledge that if my final payment is not received by the due date indicated on my invoice, I authorize CRE to charge the balance owed to the credit card I have provided above.

Signature #1 _____ Date _____

Signature #2 _____ Date _____

Once your registration form has been received, we will send a confirmation e-mail that will include important pre-trip information to prepare you for your trip with us, and a medical form and liability waiver document. **If you do not receive the trip confirmation e-mail within 2 business days, please contact our office.** The medical and liability waiver form needs to be filled out and sent back to our office 30 days prior to your trip departure.

CANCELLATIONS AND REFUNDS

If for any reason you need to cancel, be aware that many of our trip costs are incurred well in advance of trip departures and others may have been turned away because the trip has filled. All cancellations must be received by our office in writing and refunds will be issued according to the following schedule:

- 60+ days prior to departure, deposit retained
- 41-60 days prior to departure 70% refund
- 21-40 days prior to departure 35% refund
- 0-20 days prior to departure the full amount is retained

In the unlikely event CRE may need to cancel a trip due to insufficient guests, you will receive a full refund for the land portion of the trip. **CRE strongly recommends that you purchase medical & trip cancellation insurance for your protection.**