

Grand Canyon 3 Night Passenger Information Form

Please fill out EACH section of the form (one person per page). This information is necessary for our records, is **REQUIRED BY THE NATIONAL PARK SERVICE** and will help us to better accommodate your needs.

Trip Date: _____

Full Legal Name(Required) _____
First Middle Last

Address _____ City _____ St _____ Zip _____ Country _____

Phone _____ Email Address _____

BIRTH DATE _____ **AGE** _____ **WEIGHT** _____ **HEIGHT** _____ T-shirt Size (Adult S--XXL) _____

In case of emergency, contact:

Name _____ Phone _____ Relationship to you: _____

Do you have any medical conditions, take any medications, have any allergies or disabilities? If yes, please describe. **(If you do not want to disclose this information please sign below to acknowledge that you do not hold Tour West responsible for the information):** _____

Do you have any dietary restrictions? (Please explain: Food allergies, Vegetarian, etc. If vegetarian, please specify no dairy or no meat, or if poultry and fish are ok.) _____

Please answer the following questions:

1. Do you have a Golden Eagle/Golden Age Passport? If yes, card number & expiration date _____
2. Have you ever been on a commercial rafting trip in the Grand Canyon? YES or NO (circle one) If yes what year? _____
3. How did you hear about Tour West? Internet/ Newspaper/Magazine/ Travel Agent /Friend/ Other _____
4. Did you purchase cancellation insurance through Access America? **YES or NO** (circle one)

Tour West Cancellation Policy

Deposit is non-refundable. Cancellations between 60 and 31 days prior to your departure forfeit one half the tour cost. Cancellations between 30 days and the day of your trip lose the entire tour cost. No shows lose entire tour cost. This policy applies per person. We are firm with this policy and suggest you purchase travel insurance. This will help reimburse you in the event of illness or other unforeseen reasons for canceling. Travel insurance is available on our website www.twriver.com or we can mail you a form.

For optimal insurance coverage, purchase insurance within 14 days of paying deposit.

Please read and sign that you understand and accept our cancellation policy:

Name: _____ Date: _____

PLEASE RETURN A.S.A.P TO Tour West

MAIL: P.O. Box 333 Orem, UT 84097 FAX : 801-225-7979 EMAIL: twriver@aol.com