

Tour West Cataract Canyon Passenger Information Form

TRIP DATE _____

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.

Full Legal Name(Required) _____
First Middle Last

FULL Mailing Address _____

Phone # _____ Email _____

BIRTH DATE _____ AGE _____ WEIGHT _____ HEIGHT _____

In case of emergency, contact:

Name _____ Phone _____ Relationship to you: _____

Do you have any medical conditions, take any medications, have any allergies or disabilities we should be aware of? 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 dietary restrictions? Please explain and give specifics of foods you **DO NOT** eat and those you **DO** eat.

Please answer the following questions:

1. Do you need the optional flight from Hite to Moab after your trip (not included in your trip price)? (circle one) **YES or NO**
2. Where are you staying in Moab the night before your trip? _____
3. Is there a way we can contact you in Moab before your trip? (i.e. cell phone number) _____
4. How did you hear about Tour West? Internet/ Newspaper/Magazine/ Travel Agent /Friend/ Other _____
5. Did you purchase cancellation insurance through Allianz Travel Insurance? **YES or NO** (circle one)
6. If we take photos during your trip will you allow Tour West to use your image for advertising purposes? (Circle one)
YES or NO

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 84059 FAX : 801-225-7979 EMAIL: twriver@aol.com