

## Registration & Consent Form

### BOOKINGS AND DEPOSITS:

- You must complete and sign the official Royale Orchid Booking form given below and read terms and conditions of the tour. Please enclose an initial non-refundable deposit of \$500 per person (adult / child) towards the cost of the tour.
- All cheques must be payable to ‘**Royale Orchid Tours and Holidays Inc**’ upon which you will receive an official receipt. Your receipt is a written confirmation of your tour package purchase.

**BALANCE PAYMENTS:** Balance payments towards the costs of the tour must reach us at least 90 days prior to departure of the tour date.

**AMENDMENTS:** A transfer from one tour to another will be treated as a cancellation from a tour and a fresh booking of another. Therefore, cancellation rules will apply.

### CREDIT CARD FEES:

Tour prices are based on cheque / E-transfer / Cash payments.

**Credit card payments will incur an additional service fee of 2.5% the tour price.**

### CANCELLATION:

All services such as airline seats / hotel accommodation / ground transportation are pre-booked well in advance. We are liable to pay penalties to all our suppliers/ vendors if these services are released within the mentioned period.

#### If cancellation is made:

90 – 61 days prior to departure - 25% of tour package price less Deposit

60 – 46 days prior to departure – 50% of tour package price less Deposit

45 days or less prior to departure - 100% of tour package price

### Personal Information

**Tour Name:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

**Add on (If any) :** \_\_\_\_\_

**Full Name (as per passport):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** M / F

**Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Office Ph No. (778) 999-4599 / (778) 866-8118 / (403) 539-8999

Address – 1010 Thermal drive Coquitlam BC V3J6S1 | BC Registration #75546

Email ID: [info@royaleorchidtours.com](mailto:info@royaleorchidtours.com) | [WWW.ROYALEORCHIDTOURS.COM](http://WWW.ROYALEORCHIDTOURS.COM)

**Passport Information**

**Passport Number:** \_\_\_\_\_ **Passport Issued in:** \_\_\_\_\_

**Passport Issue Date:** \_\_\_\_\_ **Passport Expiry Date:** \_\_\_\_\_

**Tour Details: Pricing is based on Double Occupancy (2 people in a room) (Ask for Single Supplement Price)**

**Room Type: Single / Double / Twin / Triple Name of Sharer:** \_\_\_\_\_

**Deposit amount:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**I am purchasing travel protection: Yes / No, I decline.**

By signing below, I consent to any necessary itinerary changes and price adjustments and agree with all Royale Orchid Tours & Holidays TERMS AND CONDITIONS as outlined on this page and on the company website: [www.royaleorchidtours.com](http://www.royaleorchidtours.com). I also understand that (ROTH) highly encourages the purchase of travel protection and that any fees associated with this trip cannot be waived for any reason. By declining to purchase travel protection I assume all financial losses associated with this trip which otherwise may be covered by travel protection. I also agree not to contest charges associated with the trip cost as outlined in this brochure.

**RELEASE OF ALL CLAIMS AND LIABILITY AGREEMENT**

In consideration of my participation in the tour by Royale Orchid Tours & Holidays Inc., I freely accept and fully assume all risk, dangers and hazards and possibility of personal injury, death, property damage and loss resulting therefrom.

I am also waiving all legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against Royale Orchid Tours & Holiday Inc. I am executing this release and waiver liability freely and voluntarily without compulsion on part of Royale Orchid Tours & Holidays Inc..

X

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date