



# Spanish Delights 2014

## Registration Form – One Per Participant

Name: (As it appears on passport, including middle name) \_\_\_\_\_

I am usually called: (if different from above) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth (DD/MM/YEAR): \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport#: \_\_\_\_\_

Primary Medical Care Coverage Number: (Provincial Medical) \_\_\_\_\_

Dietary Restrictions or Food Allergies and/or Medical Conditions we should be aware of:

\_\_\_\_\_

Do you smoke: **Yes** \_\_\_\_ / **No** \_\_\_\_ , I wish to have a single room: **Yes** \_\_\_\_ / **No** \_\_\_\_ , Travel Concepts to find me a Room-mate if possible **Yes** \_\_\_\_ / **No** \_\_\_\_ , I will share with (name): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need Travel Concepts to assist you in booking your international flights? (If not, please advise us of your flight details once they are confirmed) **Yes** \_\_\_\_\_ / **No** \_\_\_\_\_

Travel Concepts often uses photographs from our tours for future marketing purposes.

Do you authorize Travel Concept to use photos of yourself? (yes or no) **Print:** \_\_\_\_\_ **Web:** \_\_\_\_\_

Where did you hear about this Travel Concepts tour? \_\_\_\_\_

**Tour Costs:** CDN 7,999.00 per person double/twin share, land only\* (Single Supplement: CDN 1,200.00)  
*Tour is based on a minimum of 10 (ten) participants*

**Payments:** Non-Refundable Deposit      CDN 2,500.00 due at time of booking  
Remaining balance                      Due July 15, 2014

**Please note that all payments are non-refundable. We strongly recommend that you protect your investment by purchasing Trip Cancellation/Out of Country Medical Insurance. Travel Concepts will contact you upon receipt of registration to discuss your personal insurance needs.**

I wish to pay by Cheque (enclosed) \_\_\_\_\_ Credit Card: Type \_\_\_\_\_ Amount: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp: \_\_\_\_\_ Sec: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

**Please return completed form to Travel Concepts**  
1716 Marine Drive, West Vancouver, BC V7V 1J3  
Phone: (604) 926-8511 Fax: 604 926-2247  
Or scan/email to: [info@trvlconcepts.com](mailto:info@trvlconcepts.com)



## Spanish Delights 2014 Waiver & Release Form

This waiver and release is given by the undersigned (the “**Client**”) to and in favour of Infinity Travel Concepts Ltd. and it’s employees, agents, officers, directors, shareholders and affiliated companies (all of whom are referred to herein as “**ITC**”) in connection with ITC’s services (the “**Services**”) of arranging for the provision of travel and tourism services to the Client by third parties such as airlines, bus, train, car rental or other transportation providers, tour guides, hotels and outfitters (“**Third Party Providers**”). The Client hereby acknowledges that:

- a) ITC would not provide the Services unless the Client signs this waiver and release;
- b) the Client accepts the allocation of risk provided for herein; and
- c) the provision of the Services by ITC to the Client is sufficient consideration for this release and waiver.

The Client acknowledges that ITC is acting as the Client’s agent in making arrangements with Third Party Providers and that all such arrangements are between the Client and the respective Third Party Providers. The Client acknowledges that ITC makes no representations or warranties regarding such arrangements and that ITC has no ability to ensure that those arrangements are fulfilled in the manner that the Client may expect or to which the Client may be entitled. In each case, the Client has a contract with the Third Party Provider, and must look solely to the Third Party Provider for any compensation or other remedies if problems arise.

Accordingly, to the greatest extent permitted by law, the Client hereby irrevocably releases ITC from any and all actions, causes of action, damages, losses, expenses and other claims of any kind whatsoever arising out of the actions, inactions, omissions, negligence or other conduct of any Third Party Provider. This release extends to loss of property, personal injury, loss of life, delays, itinerary changes and any other damages, losses, costs, expenses or inconveniences that the Client may suffer or incur.

Signed & delivered by the Client this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Witness \_\_\_\_\_ Name of Client \_\_\_\_\_

Witness Signature \_\_\_\_\_ Client Signature \_\_\_\_\_

*NB: Women With Wings & Travel Concepts staff are unable to witness tour registration forms*

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