



## Trip Reservation Form

Please complete the form below.

US post mail to:

**Ceiba Nature Tours, 29 Unionville Road, Douglassville PA 19518**

or

Email same information to:

**info@ceibanaturetours.com**

Send **\$500 per person deposit** check to CNT address above. Sorry, credit cards are not accepted.

**Trip Selected** \_\_\_\_\_ **Trip Dates** \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_

Phone(S) \_\_\_\_\_

Email (for CNT use only) \_\_\_\_\_

Check here if requesting cost for single accommodations \_\_\_\_\_.

Ceiba Nature Tours will not assign single travelers roommates. Information on other single travelers on same trip will be provided upon consent of each.

See CNT Terms and Conditions of Travel regarding cancellation schedule and/or specific policies described in each trip. *In making your international air reservations you must be at the arrival city on time for our connecting flights or van transfers, or be responsible for your transfer costs to join the group. Tour cost is based on 10 participants double occupancy.*

Waiver of Liability: I understand and agree on behalf of myself, my dependents, and heirs, to abide by the conditions set forth under Terms and Conditions of Travel and to release and hold harmless Ceiba Nature Tours operators and any of their agents or employees, from any and all liability for delays, injuries, or death, or for the loss of or damage to property. I also certify that I do not have any health or physical condition that would create a hazard for myself or others. I understand that the purchase of trip cancellation and medical travel insurance is strongly recommended and/or required.

**Signature(s)**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_