

**Scottish Skeins & Skerries Tour - 2009 Registration Form**  
July 3 to 19, 2009

Passenger Name: As it appears on your passport \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Title: Dr. Mrs. Ms. Mr. Name you prefer to use: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone:(Include area code) Home: \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Passport nationality & Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If you require twin accommodation, who are you sharing with: \_\_\_\_\_

Dietary restrictions & other information: \_\_\_\_\_

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While the trip is not excessively demanding, it is important that you be in reasonable health and physically fit. You must advise us of any medical conditions or physical challenges that might affect your mobility or otherwise interfere with your enjoyment of the tour. If you have any health concerns, you should check with your doctor about the advisability of travelling abroad. This tour is based on a minimum number of participants.

Tour price: \$6385.00 CAD; \$60660.00 USD  
Deposit: \$750.00 CAD/USD per person. (Non refundable)  
Due as early as possible as space is limited.

Balance: \$5635.00 CAD; \$5316.00 USD due May 07, 2009 (Non refundable)  
Single supplement: \$1350.00 CAD; \$1282.50 USD

Insurance: Comprehensive insurance for Trip Cancellation/Interruption, Accident, Baggage & Medical coverage is highly recommended and is available at time of deposit only. Please ask us for the details.

I would like to purchase comprehensive insurance for 17 days: \_\_\_\_\_ Yes \_\_\_\_\_ No.

1. Other interests: i.e. Archaeology, hiking, photography, bird watching? What else would you like to see and do?  
\_\_\_\_\_  
\_\_\_\_\_

2. Where did you hear about this trip? \_\_\_\_\_

3. Please make your cheque payable to:

**Vision 2000 Travel Group**

1200 Sheppard Avenue East, Suite 201

Toronto, Ontario. M2K 2S5, CANADA

Tel: (613) 695-0889 or 613-864-0889. Email: [knitting@joycejamestours.com](mailto:knitting@joycejamestours.com)

Details of the trip at: [www.joycejamestours.com](http://www.joycejamestours.com).

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form clients are deemed to have read, understood and accepted the terms and conditions of booking. An official invoice will be forwarded by the Vision 2000 Travel Group.*