



## TourCentral.ca

## Creating Everlasting Memories! REGISTRATION FORM

	nchanting Portugal July 21-31, 2025 te this form and email it to info@tourcentral.ca
Please provide a copy of	your Passport for our records. Passport #:
Expiry Date:	(Must be valid 6 months post departure)
First Name (as per Passport) _	
Middle Name (If it appears on	Passport)
Last Name	
Street and Number	City
Postal Code	Province
Day Phone Number	Mobile
eMail Address	
Emergency Contact	and Number
Birth Date	Nationality
ood Allergies & other Dietary Restrictions/N	Medical Conditions:
surance Carrier and Policy #:	<b>No Insurance waiver</b> - Please Initial here
I wish to requ	uest single accommodation YES [ ] NO [ ]
I have read and understood the terms	s and conditions for this tour and I sign below to accept them:
(Name)	Date Signature
	ge will be applied if you prefer to pay by Credit Card. rg or send a Cheque to NARAT Inc. (Marked Portugal 2025) to the address below.
IAuthorize NAF	<u>RAT INC.</u> to charge my credit card the amount(s) agreed upon as invoiced
Credit Card #	Exp Date CVV
Signature	Date
Note: If paying by cheque, please make chequ	ues payable to NARAT INC. and mail them to the address below: OUR 2025- NARAT INC. 719-250 Consumers Road, Toronto, ON M2J 4V6
	Mithout a Travel Agent

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