

RIESEN TRAVEL LTD.

Mennonites in Conflict Course and Tour Registration Form

Name: _____
(as it appears on your passport)

Address: _____

Telephone: (Home) _____ (Cell) _____

I enclose a non-refundable deposit of \$1000.00 per person for
___ person(s). Cheques are payable to Riesen Travel Ltd.
E-transfers should be sent to riesentravel@gmail.com as soon as possible.
Space is limited.

Insurance desired (medical and travel) Yes ___ No ___

Insurance desired (travel only) Yes ___ No ___

Rates are determined on a sliding scale in accordance with your age.

Coverage by Manulife.

Birthdate (required for insurance purposes only):

Date: _____ Month _____ Year _____

Date: _____ Month _____ Year _____

Single Supplement: Yes ___ No ___

I wish to extend my visit: Yes ___ No ___

Aeroplan # _____

Seating preference on the plane _____

I have read and accept Riesen Travel Ltd. Terms and Conditions.

(signatures) (date)