

*Mexico - Chiapas**Textiles and Arts & Crafts of the Maya***October 21-Nov 6, 2022****Please send completed registration form to****EYHO Tours Inc., 397 CRANBROOKE AVE., TORONTO ON M5M 1N4 Canada**

Email: shila@eyhotours.com Tel: 1-801-EYHO (3946)

Name \_\_\_\_\_  
 (As it appears on your passport)  
 Address \_\_\_\_\_  
 Province/State \_\_\_\_\_  
 Postal/Zip Code \_\_\_\_\_  
 Phone (work) \_\_\_\_\_  
 Phone (home) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Phone \_\_\_\_\_

**Tour: Mexico-Chiapas (min. 12 pax)\***Price per person in double occ. .... **USD 4650**Single supplement ..... **USD 1360**

\*surcharge applies if min. # is not met

Itinerary [online](#)**Payment**Please send **USD 800 deposit** to EYHO Tours along with this registration form. Payment options [here](#).**Balance due July 6, 2022**Tour conducted by EYHO Tours Inc. Travel Industry of Ontario accredited (TICO) Reg. 50029991. Please review [Additional terms and conditions](#), with regard to COVID-19 provisions.**Cancellation outside of COVID-19 provisions**

More than 120 days before start: deposit is returned,

119 - 81 days before start: 35% payable

80 - 60 days before start : 40% payable

59 - 45 days before start : 60% payable

44 - 29 days before start : 90% payable

Less than 30 days : 100% payable

No refunds for domestic flights. We reserve the right to retain USD 100 admin fee.

Passport No. \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_  
 Date/Place of Issue \_\_\_\_\_  
 Date of Expiry \_\_\_\_\_  
 Day/Month/Year of Birth \_\_\_\_\_

**Travel Insurance (can supply details later)**

During Covid, trip interruption and medical travel insurance is mandatory.

Travel Insurance Company: \_\_\_\_\_

Insurance No. \_\_\_\_\_

Outside of Covid, I decline travel insurance \_\_\_\_\_ (initial)

I assume all costs associated with medical expenses and repatriation on tour.

I am physically and emotionally fit for this journey \_\_ (initial)

**International flight details (can supply later)****ARRIVAL** City \_\_\_\_\_ Date \_\_\_\_\_

Airline \_\_\_\_\_ Flight \_\_\_\_\_ Time \_\_\_\_\_

**DEPARTURE** City \_\_\_\_\_ Date \_\_\_\_\_

Airline \_\_\_\_\_ Flight \_\_\_\_\_ Time \_\_\_\_\_

Any dietary restrictions or allergies?  
 \_\_\_\_\_  
 \_\_\_\_\_

Roommate Request \_\_\_\_\_

Signature \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Date \_\_\_\_\_

*Thank you!*