E.Y.H.O. Tours

UNPACKAGED TRAVELS

Heartlands of India

Cave Temples and Fallen Empires – led by Dr Robert DeCaroli

January 7-20, 2023

Please send REGISTRATION FORM with payment to

397 CRANBROOKE AVE., TORONTO M5M 1N4

Email: shila@eyhotours.com Tel: 1-647-801-EYHO/1-647-2823002 www.eyhotours.com

Name_____
(As it appears on your passport)

Address_____

Province/State_____

Postal/Zip Code_____

Phone (work)_____

Phone (home)_____

Email_____

Emergency Contact_____

Phone_____

Hertlands of India: Cave Temples and Fallen Empires

Jan 7 - 23, 2023

- Details per attached itinerary

Double occupancy **USD 4950 pp ___**

Single supplement (limited availability) **USD 1320 _____**

- Tour operator E.Y.H.O. Tours accredited by Travel Industry Council of Ontario TICO licence # 50023991
- Please refer to additional terms and conditions.

Payment
USD cash, wire, personal cheque, banker's draft for EYHO Tours Inc.
Other payment options – see attached
USD 800 due at registration. Balance due Oct 7, 2022.

Cancellation policy
More than 120 days before departure: full refund less $150 admin fee
Less than 120 days before departure: tour cost is 40% non-refundable
59 – 45 days before departure: tour cost is 60% non-refundable
44 – 29 days before departure: tour cost is 90% non-refundable
Less than 30 days: 100% non-refundable
Refunds cannot be made for domestic flights. The Company reserves the right to retain an administration fee of USD 100.

Insurance Policy
The tour operator requires trip interruption and medical travel insurance.
Please indicate your agreement _____

Passport No._____

Country of Citizenship_____

Date/Place of Issue_____

Date of Expiry_____

Day/Month/Year of Birth_____

Travel Insurance Details: (can be supplied later) _____

Insurance No._____

Are you physically and emotionally capable for this journey? _____

If no, please provide details _____

_____

ARRIVAL MUMBAI: _____ (can be supplied later)

Airline Name_____ Flt. # _____

Date_____ Time _____

DEPARTURE GOA/MUMBAI _____

Airline name _____Flt. _____

Date _____ Time _____

Any dietary restrictions/allergies? _____

Rooming request _____

Signature _____

PRINT NAME _____

Date _____

Thank you!