



Morocco

Textiles Arts Crafts Desertscapes

November 11 - 24, 2026/ Optional: Essaouira Nov 24-27

Please send REGISTRATION FORM with payment to

EYHO Tours, 397 CRANBROOKE AVE., TORONTO M5M 1N4

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

Name _____
(As it appears on your passport)

Address _____

Province/State _____

Postal/Zip Code _____

Phone (Mobile) _____

Phone (Home) _____

Email _____

Emergency Contact _____

Phone _____

Morocco Tour - Textiles Arts&Crafts Desert Nov 11-24, 2026

10 pax Minimum

Double occupancy pp twin share **USD pp 4960** _____

Single supplement own room **USD 990** _____

Optional

Essaouira Nov 14-17 **USD 980 double/add 380 single** _____

Please refer to [terms and conditions](#) These form part of your registration contract.

Payment

- Deposit USD 800 due upon registration
- Balance due July 11, 2026
- USD cash or banker's draft made out to EYHO Tours Inc.
- Other payment options - [click](#).

Cancellation policy

More than 120 days before departure: full refund less \$500 booking fee

Less than 120 days before departure: deposit is non-refundable

80 – 60 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 or trains. We reserve the right to retain an administration fee of USD 500.

Insurance Policy

Trip interruption and medical insurance is recommended. Please initial if you will NOT be purchasing insurance _____

(Details may be supplied later)

Travel Insurance Company: _____

Insurance Policy # _____

Passport No. _____

Country of Citizenship _____

Date/Place of Issue _____

Date of Expiry _____

Day/Month/Year of Birth _____

I confirm I am able-bodied and sound of mind to undertake this tour.

Health requirement [FAQs](#) P. 2

Initial _____

Flights

(May be supplied later. Please see FAQs for international flight bookings)

Arrival

Tangier _____

OR

Arrival Casablanca _____

Airline Name _____ Flt. _____

Date _____ Time _____

Departure

Casablanca _____ Marrakech _____ Tangier _____

Airline Name _____ Flt. _____

Date _____ Time _____

Any dietary restrictions/allergies? _____

Rooming request with _____

Signature _____

PRINT NAME _____

Date _____

Thank you!