

EXPLORE THE WONDERS OF CAGAYAN VALLEY AND THE CORDILLERAS

Tuesday-Saturday, 22-26 October 2002

CARAVAN REGISTRATION FORM

				() M () F
<i>(Family Name)</i>	<i>(Name)</i>	<i>(Name to Appear in Badge)</i>	<i>M. I.</i>	Sex <i>(Please Check)</i>
Date of Birth: () Date () Month () Year		Nationality:		
Address:		Contact Numbers:		
<i>Residence:</i>		<i>Mobile:</i>	<i>Land Line:</i>	
		<i>E-mail:</i>		
<i>Business:</i>		<i>Land Line:</i>	<i>Fax:</i>	
		<i>E-mail:</i>		
Choice of Program <i>(Please refer to brochure for details of programs, prices and conditions)</i>				
() Mother Caravan		() Traders Group		() Leisure/Sightseeing Tour
() 4x4 / Offroad Tour		() Pilgrimage Tour		() Outdoor Sports /Adventure
Will join program	<i>From:</i>	() 22 / () 23 / () 24 October	<i>To:</i>	() 24 / () 25 / () 26 October
() With Companion			() Traveling Alone	
<i>Please enumerate traveling companion (Use separate sheet if necessary)</i>				
<i>Family Name</i>	<i>Name to appear in badge</i>	<i>Middle Initial</i>	<i>Relation</i>	<i>Age</i>
Transportation				
() Bring Own transportation			() Will join full package using Caravan Transpo	
<i>Type & Model:</i>		<i>Plate No:</i>		
Accommodation:				
()	Camp Site	<i>Common bathroom, Common toilet, participants provide their own tents and sleeping bags</i>		
()	Dormitory /Hostels	<i>Common bathroom, Common Toilet, includes beddings</i>		
()	Home stays	<i>Private residences with bathroom and toilet, includes beddings</i>		
()	Pensions/Inns/Hotel	<i>Air-conditioned or fan rooms with private bathroom and toilet (maximum of 4 persons in a room)</i>		
<i>Please accomplish this form accurately. All information requested herein is necessary for the Organizing Secretariat to respond to individual needs of participants as well as to provide a well-managed event.</i>				
CONTENTS OF THIS INFORMATION SHEET WILL BE TREATED WITH UTMOST CONFIDENTIALITY. Thank you..				
<i>Kindly submit fully accomplished form to the Organizers either personally or through fax / mail / courier / electronic mail on or before 04 October 2002 to :</i>				
LOCATION	ADDRESS	PHONE	FAX	EMAIL
Clark	Office of the Presidential Assistant for North Luzon <i>2/F, Bldg. 7592, Civil Aviation Complex, CSEZ, Pampanga</i>	(045) 599-5901	(045) 599-5904	opnl_clark@northphil.gov.ph
Or to any of the participating tour operators:				
Makati	Baron Travel Corporation <i>L/G Cityland 10 (Tower 2) 6817 Ayala Ave. North corner dela Costa St., Salcedo Village, Makati City</i>	817 4926	817 6694	branches@barontravel.com.ph
Makati	Marsman Tours and Travel Corporation <i>Marsman-Drysdale Bldg, 2246 Chino Roces Ave., Makati City</i>	816 2964	8108075	mttc@marsmandrysdale.com
Makati	Sampaguita Travel Corporation <i>G/F Alpha Salcedo Cond. HV dela Costa St., Salcedo Village, Makati City</i>	817 7620	813 6105	sampagui@compass.com.ph
Makati	T.R.I.P.S. Travel <i>G/F Atrium Bldg., Makati Avenue, Makati City</i>	752 4773	811 4460	trips@i-next.net
Manila	Annset Holidays, Inc. <i>Unit 502, Doña Felisa Syjuco Bldg., 1872 Remedios St corner Taft Avenue, Malate, Manila</i>	400 6522	400 6526	annset@info.com.ph
Manila	Rajah Tours Philippines, Inc <i>3/F Physician's Tower, 533 U.N. Avenue, Ermita, Manila</i>	522 0541	521 2831	sales@rajahtours.com.ph
Signature Over Printed Name		Date:		

Please do not fill up (for Secretariat's use)

Reference No : _____

Confirmation No: _____

REGISTRATION AND TOUR FEES

			ASSESSMENT OF FEES	
			Number of Persons	Total
Registration Fee				
<input type="checkbox"/> ADULT	PhP 1,000.00			
<input type="checkbox"/> CHILD (below 11 yrs old)	Free of Charge			
Program Package Per Person, (4 nights/5 days) (Based on Camp Site Accommodations)				
	w/ Own Transpo	Caravan Vehicle		
<input type="checkbox"/> Mother Caravan	PhP 2,500.00	PhP 5,500.00		
<input type="checkbox"/> Traders Group	PhP 2,500.00	PhP 5,500.00		
<input type="checkbox"/> Leisure/Sightseeing A	PhP 3,170.00	PhP 6,170.00		
<input type="checkbox"/> Pilgrimage Tour	PhP 2,850.00	PhP 5,850.00		
<input type="checkbox"/> Off Roader (4 X 4)	PhP 3,730.00	N/A		
<input type="checkbox"/> Outdoor Sports / Adventure	PhP 4,373.00	PhP 7,607.00		
<input type="checkbox"/> <i>White Water Rafting</i>	<i>PhP 2,500.00</i>	<i>PhP 2,500.00</i>		
Supplementary Charge for Accommodation Upgrade Per Person (4 nights/5 days)				
	Per Person			
<input type="checkbox"/> Dormitory/Hostels	PhP 400.00			
	2 in a room	Extra person		
<input type="checkbox"/> Home Stays	PhP 700.00	PhP 400.00		
Hotels/Pensions/Inns				
<input type="checkbox"/> Fan room w/ bathroom and toilet	PhP 1,100.00	PhP 800.00		
<input type="checkbox"/> Aircon room w/ bathroom and toilet	PhP 1,500.00	PhP 1,000.00		
		TOTAL		

Form of Payment	Where To Pay
<input type="checkbox"/> Cash	To any of the participating tour operators
<input type="checkbox"/> Credit Card payment	
<input type="checkbox"/> Bank	Remit to :

EVENT RECOMMENDATION DETAILS

WERE YOU A PARTICIPANT IN THE OTHER PAST NORTH PHIL CARAVANS?

- Explore 2002: The North Philippines Expedition held February 10-15
- Clark-Pantabangan-Aurora 4x4 Endurance Challenge held April 22-26

PLEASE SPECIFY PLACES IN NORTH PHILIPPINES (Ilocos-Pangasinan Region, Cagayan Valley Region, Central Luzon, and the Cordillera Administrative Region) THAT YOU WOULD WANT TO SEE NEXT TIME

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

WOULD YOU LIKE TO BE INCLUDED IN THE OPNL FYI MAILING LIST FOR FORTHCOMING EVENTS?

- () YES, I would like to. Please send through my email address _____
- () NO, thanks.

HEALTH INFORMATION

Blood type	Allergies	Under Medication	() <i>Yes</i>	() <i>No</i>
<i>Current Illness /Disease/Ailment</i>				
In case of Emergency :	Name/Relation	Land Line	Mobile	Beeper
Immediate Kin				
Physician				
Hospital				
Physician				

***Individuals 50 years old and above should submit health certificate duly signed by indicated physician**

WAIVER of EXCLUSION

I hereby agree that I am participating in the Explore The Wonders of Cagayan Valley & the Cordilleras in my own volition. I shall be responsible for all of my acts understanding the risks involved that may result in my participation to this activity. As such, the Organizers shall be without any liability for any untoward incident against my person or property within the duration of the event.

Signature over printed name