

Date of tour: _____ Date of Confirmation: _____ For office use only

Time of tour: _____ Staff Initials: _____

5 DAY FOSSIL DIG ADVENTURE TOUR - REGISTRATION



Phone: (204) 822-3406 ▪ www.discoverfossils.com ▪ info@discoverfossils.com

Please fill out form below and fax to: (204) 272-3303 or mail / drop off at:
Canadian Fossil Discovery Centre
Lower Level – Morden Recreation Centre, 111-B Gilmour Street
Morden MB R6M 1N9

Please print!

Name: _____ Today's Date: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Total # of Participants: _____ Total Cost: _____

Please indicate date preference:

Offered during every week in June, July & August. Subject to availability. Indicate first/second/third preference.

Preferred Month: _____ Preferred Dates: _____

Note: Minimum of 2 weeks advance booking is required.

| | | |
|------------------------|--------------|-----------------|
| Admission Fees: | Child | \$450.00 |
| | Adult | \$500.00 |

Lunch is provided.

Age(s) of persons under 18: _____ (Age 14 up only. Adult Supervision required.)

A non-refundable deposit of 50% of total cost is required. This amount will be subtracted from the total package price upon arrival at the museum. Please forward the deposit (cheque) to the address indicated above. (Please note: we accept cash, cheque, debit, Visa or MC) All taxes are included.

Please indicate method of deposit payment:

Method of deposit payment: Enclosed Cheque # _____

Visa MC # _____ Exp. Date: _____

Special Requests / Instructions: _____

OFFICE USE:

Name of CFDC personnel who booked the tour/dig: _____ Date: _____

Deposit Paid: Yes No Date Paid: _____ Amount Paid: _____