



TOUR BOOKING FORM

TO:

BERINGIA INTERPRETIVE CENTRE

PO BOX 2703

WHITEHORSE, YT Y1A 2C6

Phone: (867) 667-8855

Fax: (867) 667-8854

Email: beringia@gov.yk.ca

TOUR COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

TOUR DIRECTOR/GUIDE: _____

PHONE NUMBER: _____

PREFERRED DAY OF VISIT: _____

TIME OF ARRIVAL: _____

LENGTH OF TIME AVAILABLE FOR VISIT: _____

NUMBER OF VISITORS: _____

AREA OF STUDY (if applicable): _____

ADMISSION is \$ 4 per person, guides and escorts are free.

For payments under \$100, credit card, cash, cheque or is required.

FOR OFFICE USE: booking taken by _____ on _____;
Fee quoted: _____, payment method (pls circle): Credit Card - Cash - Cheque - Invoice;
staff scheduled to work: _____ actual number of visitors: _____;
Fee charged/invoiced: _____, rung in as (pls circle): FAM - IOU/to be invoiced - other:
_____ invoice sent on _____ by _____