

ANDEAN & RAINFOREST EXPEDITIONS LLC

Client Reservation Form

Destination: Country _____ **Date of Program** _____

Please complete a form for each traveler

Name (as it appears on passport) _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Day Phone (____) _____ Fax (____) _____ Evening Phone (____) _____

PASSPORT INFORMATION:

Date of Birth _____

Nationality _____ Passport No. _____ Expiration Date _____

ACCOMMODATIONS:

Twin Single

Share Name of roommate: _____

Share Please assign a roommate. (Single supplement fee will apply when match is not possible)

Non-smoker Smoker

EMERGENCY CONTACT AND HEALTH INFORMATION:

Emergency Contact Name _____ Relationship _____

Day Phone _____ Night Phone _____

Name of Physician _____ Phone Number _____

Please specify any health problems

Current Medication _____

Please specify any dietary needs and food allergies: _____

Completed and signed form must be returned by mail to Andean & Rainforest Expeditions LLC

Please complete a form for each traveler

Name (as it appears on passport) _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Day Phone (____) _____ Fax (____) _____ Evening Phone (____) _____

PASSPORT INFORMATION:

Date of Birth _____

Nationality _____ Passport No. _____ Expiration Date _____

ACCOMMODATIONS:

Twin Single

Share Name of roommate: _____

Share Please assign a roommate. (Single supplement fee will apply when match is not possible)

Non-smoker Smoker

EMERGENCY CONTACT AND HEALTH INFORMATION:

Emergency Contact Name _____ Relationship _____

Day Phone _____ Night Phone _____

Name of Physician _____ Phone Number _____

Please specify any health problems

Current Medication _____

Please specify any dietary needs and food allergies:

Completed and signed form must be returned by mail to Andean & Rainforest Expeditions LLC