

**CLIENT INFORMATION**

Please complete one form per applicant.



Your Name (as it appears in your passport): \_\_\_\_\_

Tour destination/name and trip date: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Number and best time to call: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth (dd/mm/yy) and nationality: \_\_\_\_\_

Passport number: Place of issue: Expiration date: \_\_\_\_\_

Please tell us briefly about your hiking/walking ability: \_\_\_\_\_

Dietary Requirements and/or special requests: \_\_\_\_\_

Emergency contact: Phone number: \_\_\_\_\_

Do you need help with flight arrangements?  Yes, please call.  No thanks

Traveling as a single person?  No  Yes (If yes, do you want us to allocate a room-mate?)

I want a single room and I understand there is a single supplement.

**Credit Card authorization - if paying by credit card**

Your Name (as it appears on your card) \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express

# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security code (MC/VISA 3 digit number on back of card / AMEX 4 digit # on front of card): \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Address as it appears on credit card statement: \_\_\_\_\_

**Declaration:** *I have read and accept the Booking Conditions and the Release and Indemnity Agreement (see www.chiquitatours.com). I appreciate the risks inherent in adventure travel and confirm I do not suffer from any disability or pre-existing medical condition which would prohibit full participation in the tour.*

\_\_\_\_\_  
Client/tour participant signature

\_\_\_\_\_  
Date