



*Journeys, The Infinite Adventure Tour Company*

## RESERVATION FORM

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<b>PERSONAL INFORMATION</b>	<b>CLIENT #1</b>	<b>CLIENT #2</b>
Surname		
First Name(s)		
Address		
Telephone Number		
e:mail		
Nationality (as per Passport)		
Age		
Passport Number		
Passport Expiry Date		
Any Special Dietary Requirements?		
Gender	MALE / FEMALE	MALE / FEMALE
Smoker	YES / NO	YES / NO
Room Share	YES / NO	YES / NO

<b>IMPORTANT INFORMATION</b>	<b>CLIENT #1</b>	<b>CLIENT #2</b>
Known Medical Conditions (Use separate sheet if necessary)		
Insurance Company Name		
Policy Number		
Insurance Co. Telephone Number		



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<b>EMERGENCY CONTACTS</b>	<b>CLIENT #1</b>	<b>CLIENT #2</b>
Name		
Relationship		
Address		
Telephone Number		

## RESERVATION FORM

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<b>TRIP INFORMATION</b>	
Trip Name	
Departure Date	
Duration	
N° of Clients	
Trip Price (per person)	
Initial Deposit Paid (35%)	
Balance Paid (30 days prior arrival)	
Means of Payment/please mark one	Paypal/ Wester Union / Bank Transfer

<b>OTHER INFORMATION</b>	<b>CLIENT #1</b>	<b>CLIENT #2</b>
Where did you hear about <b>Aventura Quechua</b> /		
I have read, understood and agree to the Terms and Conditions set forth in the <b>Aventura Quechua</b> documentation above.	SIGNATURE  _____	SIGNATURE  _____
	DATE	DATE