

# EXPLORE BOLIVIA

## TRIP APPLICATION and RESERVATION FORM:

I would like to register for the following trip(s):

1. \_\_\_\_\_ DATES: \_\_\_\_\_  
2. \_\_\_\_\_ DATES: \_\_\_\_\_

\*\*\*\*\*

Enclosed is a deposit for: \_\_\_\_\_ person(s) at U.S. \$ 500.00 per person, per adventure trip for a total of: \$ \_\_\_\_\_. I agree to pay the balance **due no later than 60 days before the departure date** of the adventure trip applied for on this application form.

I understand the application(s)/reservation(s) and deposit(s) accepted by **Explore Bolivia, Inc.** subject to the **Terms and Conditions** regulations, the **Medical and Limited Liability Release Agreements**, and the **Participant(s) Responsibility Code** if signed by each member of an adventure trip and accompanied by the required deposit.

\*\*\*\*\*

Applicant's name (as it appears on passport): \_\_\_\_\_

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

City: \_\_\_\_\_ State/ Province: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ [day/eve] Work Phone: \_\_\_\_\_ [day/eve]

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Do you have a valid passport? \_\_\_\_\_

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

Are you physically active? \_\_\_\_\_ Do you smoke? \_\_\_\_\_ Are you a vegetarian? \_\_\_\_\_

Do you have any dietary needs or restrictions, or are there any foods that you do not eat? \_\_\_\_\_

If Yes, please list: \_\_\_\_\_

**Emergency Contact Person** Please list: full name, relationship, address, phone, and email.

\_\_\_\_\_  
\_\_\_\_\_

**\*\* For your safety**, and so that we may prepare accordingly, **please** tell us of any **medical conditions** you have (or may have had) that may affect your participation or safety while on a trip with **EXPLORE BOLIVIA**. This information will be held in strict confidence. It helps us and you prepare for the trip. Please check with your personal doctor as to your medical needs and or medications (if any) that you might need to bring with you. \_\_\_\_\_

Are you allergic to any medicines, antibiotics, foods, insect stings or iodine? \_\_\_\_\_

\_\_\_\_\_

**Accommodations:** Are you willing to share a room and/or tent with someone? \_\_\_\_\_

Would you like us to assign you a room/tent mate ? (Y/N) \_\_\_\_\_. If you prefer single accommodations, are you willing to pay the current single supplement fee? (Y/N) \_\_\_\_\_

The single supplement fee rate varies by trip. Please call us for specific quotes.