

TRIP APPLICATION and RESERVATION FORM

I would like to register for the following tour:

1. _____ DATES: _____

Enclosed is a deposit for ____ person(s) at U.S. \$ 500.00 per person, per tour for a total of \$ _____.
I understand and agree that this is a non-refundable administrative fee per person.

_____ I agree to pay the balance due no later than 60 days before the departure date of the tour applied for on this application form.

_____ I agree to and clearly understand the trip application(s) / reservation(s) and deposit(s) accepted by **Sergio Photo Tours** are subject to the **Terms and Conditions** regulations, the **Limited Liability Release** agreements, and the **Participant(s) Responsibility Code** if signed by each member of a tour and accompanied by the required deposit.

Applicant's Name (as it appears on passport): _____

Street Address: _____

City: _____ State / Province: _____ Postal / ZIP Code: _____

Country: _____ Home Phone: _____ [day/eve] Work Phone: _____ [day/eve]

E-mail: _____ Occupation: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Passport #: _____ Expiration Date: _____ Country of Citizenship: _____

Passport valid 60 days past date of arrival? ____ Are you physically active? ____ Have you been to altitude before? ____

Do you smoke? ____ Are you a vegetarian? ____ Do you have any dietary needs/restrictions, foods that you do not eat?

_____ List any food allergies: _____

Emergency Contact Person: (Relationship), Name, Address, Phone(s), Fax & E-mail: _____

*For your safety and comfort please tell us of any **medical conditions** you have (or had) that may affect your participation or safety while on a trip with **Sergio Photo Tours**. It helps us and you prepare for the trip. **This information is held in strict confidence.** Please check with your personal doctor about your medical needs and or medications that you might need to bring with you. _____

Allergic to any medicine(s), antibiotics, insect stings or iodine? _____

If yes, are you bringing your personal EPI Pen on the tour? _____ Current expiration date? _____

Accommodations: Are you willing to share a room (or tent if camping) with someone? (Y/N) _____

Would you like us to assign you a room/tent mate (Y/N)? _____. If you prefer single accommodations, are you prepared to pay the current single supplement fee (Y/N)? ____ **Single supplement fees vary by trip. Please call us for specific quotes.**