



PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

GALAPAGOS ADVENTURE TRIP - 8 DAYS

Application Form

TRIP DATE:

TODAY'S DATE _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Email Address: _____

EMERGENCY CONTACT (person contacted in case of an emergency):

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

ROOM ARRANGEMENTS

I will be sharing a double room with _____ for the duration of the trip.

NO SINGLE SUPPLEMENT OFFERED ON THIS TRIP AS THERE MUST BE TWO PERSONS PER ROOM.

PASSPORT

Passport Number: _____

- Passport must not expire SIX (6) months beyond trip date.
- Send me a copy of your passport before the final deposit date of _____.
- Make three (3) extra copies of your passport photo and keep in your suitcase.

COST

Total Trip Cost:

Send to Pumamaki Expeditions, Inc. (address below):

- \$_____ per person deposit (non-refundable) **DUE BY** _____
- Copy of TravelGuard Essential Expanded Insurance Coverage documentation
- Final payment of \$_____ due _____. If paying by credit card, please see Abby Sloan.

Applicant's Signature

Date