



PUMAMAKI EXPEDITIONS, INC.

ADVENTURE TRAVEL

CULTURAL CHILEAN WINE TOUR

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.

_____ Double Room (two beds)

_____ Single Room (I understand there will be a \$600 surcharge for the single 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)

Applicant's Signature

Date