



PUMAMAKI EXPEDITIONS, INC.

ADVENTURE TRAVEL

ECUADOR ADVENTURE TRIP

Application Form

TRIP DATE:	Mar.27 - April 5, 2015	TODAY'S DATE:	
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Last Name:				First Name:		
Street Address:						
City:			State:		Zip:	
Home Phone:			Birthdate:			
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 \$ 650 surcharge for the single room)

PASSPORT

Passport Number:	
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- 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:	\$3,899 / person -double occupancy
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Send to Pumamaki Expeditions, Inc. (address below):

: \$1,000 per person non-refundable deposit ("initial non-refundable deposit") **DUE BY Nov. 12, 2014**

- Copy of TravelGuard Essential Expanded Insurance Coverage documentation
- Final payment of \$ 2,899 ("balance amount") due **Jan. 15, 2015**.
- See Cancellation and Refund Policy in complete itinerary

Applicant's Signature _____

Date _____



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ADVENTURE TRAVEL

ECUADOR ADVENTURE Consent for Medical Treatment - Parental Release

Child's Name:			
Street Address:			
City:	State:	Zip:	
Home Phone:	Date of Birth:		

Medical Insurance Carrier:		Policy Number:	
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EMERGENCY CONTACT (person contacted in case of an emergency):

Name:		Relationship:	
Street Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:		
Cell Phone:			

MEDICAL INFORMATION

MEDICAL HISTORY (list all of child's medical conditions that chaperone/tour guide should be aware of):

MEDICATIONS (if above conditions require medication, list the condition, medication and dosage below):

PERSONAL OR FAMILY PHYSICIAN

Physician's Name:	Physician's Phone:
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DIETARY RESTRICTIONS (if any):

AFFIRMATION OF PARENT OR GUARDIAN

I certify that my child has been examined by a physician a year prior to trip date. If an emergency illness or injury occurs, I authorize the Pumamaki Expeditions tour guide or chaperone to send my child to a physician or hospital; and



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authorize his or her emergency treatment. You may also exchange medical information with the above-reference physician(s) as required.

Signature of Parent or Guardian	Date
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Applicant's Signature	Date
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