



PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

Title of trip _____
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 \$_____ 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 non-refundable deposit ("initial non-refundable deposit") **DUE BY** _____
- Copy of TravelGuard Essential Expanded Insurance Coverage documentation
- Final payment of \$_____ ("balance amount") due _____.
- See Cancellation and Refund Policy in complete itinerary

Applicant's Signature

Date