



PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

BOLIVIAN ADVENTURE TRIP

Application Form

TRIP DATE: _____
TODAY'S DATE _____

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 \$400 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: \$3,999 based on double occupancy

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

- \$ 1,500 per person deposit (non-refundable) **DUE BY** _____
- Copy of TravelGuard Essential Expanded Insurance Coverage documentation
- Final payment of \$ 2,499 due _____

Applicant's Signature

Date

6311 Lincoln Avenue, Morton Grove, IL 60053
Phone: (847) 583-1074 Fax: (847) 583-1864

www.pumamakiexpeditions.com
ADVENTURE TRAVEL



PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

BOLIVIA 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: _____

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: _____

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 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