



# 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 \$\_\_\_\_\_ 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