



# PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

## PERU ADVENTURE 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 \$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: \_\_\_\_\_

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

- \$\_\_\_\_\_ per person deposit (non-refundable) **DUE BY** \_\_\_\_\_
- Copy of TravelGuard Essential Expanded Insurance Coverage documentation
- Final payment of \$\_\_\_\_\_ due \_\_\_\_\_. If paying by credit card, please see Abby Sloan.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

[www.pumamakiexpeditions.com](http://www.pumamakiexpeditions.com)

ADVENTURE TRAVEL