



# PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

## GALAPAGOS ADVENTURE TRIP - 10 DAYS

### 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.

NO SINGLE SUPPLEMENT OFFERED ON THIS TRIP AS THERE MUST BE TWO PERSONS PER 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.
- PRICE INCLUDES A \$100 DONATION.

#### COST

Total Trip Cost: \$ \_\_\_\_\_  
 (based on double occupancy)

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