



## Whitewater Adventures Nepal Booking form.

Trip name : .....

Trip date: ...../...../.....

Last name: .....

First name: .....

Date of Birth: ...../...../.....

### Contact details

Permanent address: .....

Street: .....

Postcode: ..... Country: .....

Email: .....

Phone number: .....

Town/city: .....

### Passport Details

Passport number: .....

Nationality: .....

Date and place of issue: .....

Expiry date: ...../...../.....

Insurance policy and number: .....

Expiry date: ...../...../.....

### Emergency contact details: .....

Expedition members must be protected by their own insurance that covers accidents, health emergency evacuation and loss or damage to personal effects. If you do not have the necessary insurance by signing this form you accept responsibility of all expenses. Good health, mental and physical fitness are required on all expeditions. If you have any medical conditions please let us know. Eg: allergies,diabeties,epilepsy,asthma,heart conditions, pregnancies or other food allergies.

### Medical conditions: .....

### Dietary requirements: .....

Signature: .....

Date: ...../...../.....

**Please sign and send this form to:**

Ram Bhandari  
Whitewater Adventures Nepal  
P.O Box 390  
Alexandra 3714  
Victoria  
Australia

