



Booking Form

TRIP DETAILS

Trip Name

Departure Date

CONTACT DETAILS

First Name

Last Name

Date of Birth

ADDRESS DETAILS

Street

Town / Suburb / City

State

Country

Postcode

Email

Phone

PASSPORT DETAILS

Passport Number

Nationality

Place of Issue

Date of Issue

Insurance Policy Number

Expiry date / /

EMERGENCY CONTACT DETAILS

Name

Phone Number

Relationship

MEDICAL CONDITIONS

DIETARY REQUIREMENTS

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, diabetes, epilepsy, asthma, heart conditions, pregnancies or other food allergies.

Signature

Date / /

Please sign and send this form to:

Whitewater Adventures Nepal

20 Singleton Street

Port Fairy

3284

Victoria

Australia

0418 595 026 or 04344 91216