



Please complete and return with deposit to:

Andes Explora Inc.
Adventure Tours

General Information

Name and date of trip _____
Name (as it appears on passport) _____
(preferred name) _____
Address _____
City _____ State _____ ZIP _____ Country _____
Phone (Home) _____ (Office) _____
E-mail _____ Fax _____
Age _____ Height _____ Weight _____
Occupation _____ Passport # _____

In case of an emergency notify:

Name _____ Telephone _____
Address _____ City _____ State _____ Zip Code _____

Do you have any allergies ? _____ If yes, explain _____
Are you taking any medication ? _____ If yes, explain _____
Medical history _____

Outdoor Experience _____

Climbing Experience (Peak, Route, Date) - Please complete this if you are signing up for a mountaineering or skiing expedition (feel free to write on the back or attach another sheet)

Cabin Category: 1 2 3 4 5 6 Suite Owners Suite

Acommodations: Twins Share Single

I am / We are: Nonsmokers Smokers

Deposit Information:

Enclosed is a deposit cash by Wester Union for US _____ (30 % per person of the program fare)