



CLIENT PAYMENT FORM
PLEASE COMPLETE ONE FORM PER PARTICIPANT

Your Name (as it appears in your passport): _____

Tour/ Workshop name/destination: _____ Trip Date: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Zip: _____

Complete Phone No: _____ Best call time (time zone): _____

E-mail Address: _____

Nationality: _____ Date of birth (dd/mm/yyyy): _____

Passport number: _____ Place of issue: _____ Expiration date: _____

Please tell us briefly about your hiking/walking ability: _____

Dietary Requirements and/or special requests: _____

Emergency contact: _____ Phone number: _____

Traveling as a single person? Yes / No If yes, do you want us to allocate a room-mate? Yes / No
(We do not charge a single supplement fee for our current lodging providers)

T-shirt size: S / M / L / XL Are you working with a travel agent?: Yes / No

How did you hear about us? _____

Method of payment (please check one): Credit Card Personal Check PayPal

Credit Card authorization – if paying by credit card

Your Name (as it appears on your card) _____

Please charge the amount of \$ _____

To my credit card (please check) MasterCard Visa American Express

Card #: _____ Expiration Date: (mm/yy): _____

Security code (MC/VISA 3-digit number on card reverse / AMEX 4-digit # card face): _____

Address as it appears on credit card statement: _____

Signature of cardholder: _____

Declaration: I have read and accept the Booking Terms and Conditions and the Release and Indemnify Agreement (see www.rawrainforest.com/booking.htm). I appreciate the risk inherent to adventure travel and confirm I do not suffer from any disability or pre-existing medical condition that would prohibit full participation in this tour/workshop.

Signature: _____ Date: _____