



**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](http://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: \_\_\_\_\_