



CLIENT REGISTRATION & PAYMENT FORM

Please complete one form per client/participant

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

Tour / Workshop Name & Destination: _____ Trip Date: _____

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

Country Code/(Phone): _____ Time-zone & Best time to call: _____

E-mail address: _____ Personal or professional website (if any): _____

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

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

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

Please indicate dietary requirements, special requests or any other concerns regarding your tour:

Emergency contact: _____ Relationship _____ Cell Phone w/area code _____

Traveling as a single person? Yes / No If yes, do you want us to allocate a room-mate? Yes / No
(Our lodging providers don't currently charge a single supplement fee)

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

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

Credit Card authorization

Your Name (as it appears on your card) _____

Please charge the amount of \$ _____

To my credit card (confirm type) _____ MasterCard _____ Visa _____ American Express

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

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

Address as it appears on credit card statement: _____

Signature of cardholder: _____

Declaration: I have read and accept the [Booking Terms and Conditions](#) which includes the Release and Indemnity Agreement. I appreciate the risks inherent to adventure travel and confirm I do not suffer from any disability or pre-existing medical condition that would prohibit full participation and enjoyment of this tour/workshop. Signature: _____ Date: _____