

EXPLORADUS LLC dba: Professional Mountain Guides

2004 Registration Form

Please print all information and mail with your deposit to: Professional Mountain Guides, PO Box 4166, Jackson, WY 83001

PERSONAL INFORMATION

Name: _____

Occupation: _____

Address: _____

City/State: _____

Zip: _____ Country: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Phone: day: _____

evening: _____

Fax: _____

E-mail: _____

In case of emergency please notify:
(include address phone number and email address)

Describe your outdoor background and regular
physical activity.

Most of our trips are for very active people. Please give
us an accurate assessment of your health, physical condition
and medications that you are taking.

ROOMS AND MEALS

(rooms are non-smoking unless indicated)

_____ Smoker.

_____ OK for sharing double room and tent.

With: _____

_____ I prefer a single room and tent if available.
I am willing to pay any surcharge.

_____ Vegetarian. (Please list dietary restrictions)

PASSPORT INFORMATION

Include a copy of your passport personal info page.

Name as it appears on Passport

Family Name: _____

Given Name: _____

Passport #: _____

Issue Date: _____ Exp. Date: _____

Date & Place of Birth: _____

Place of Issue: _____

Citizenship: _____

PAYMENT METHOD

_____ Personal Check.

_____ Credit Card. (VISA, Master Card Only)

Name on card: _____

Number: _____

Expiration date: _____ / _____

Signature: _____

Office Use Only

Land Cost:

Air Fare:

Single Sup:

Extras:

Total Due:

Payments

Deposit:

1st Payment:

Final Payment:

Misc. Payment:

**PLEASE READ ALL THE INFORMATION AND SIGN AS REQUIRED.
YOU WILL NOT BE CONFIRMED ON THE TRIP UNTIL YOU HAVE SIGNED ALL THE DOCUMENTS.**