

**CLIENT'S PROFILE FORM**

Please fill in the following information and return it to us via fax + 95 1 664451 or attach file with email at sales@putaotrekkinghouse.com

|   |  |
|---|--|
| Tour Program Name:                                      |  |
| Tour Code:  |  |
| Trip Dates:   |  |
| Client Name:  |  |
| Phone/Fax Number:                                       |  |
| Postal Address:   |  |
| Email Address:  |  |
| Nationality:  |  |
| Passport Number:  |  |
| Date of Expiry:   |  |
| Date of Birth:  |  |
| Sex:  |  |
| Emergency contact person:                               |  |
| Emergency contact person relationship to you:           |  |
| Emergency contact person phone:                         |  |
| Dietary restrictions (food allergies, vegetarian, etc): |  |

Good health and physical fitness are required on all trips. If you have any medical conditions we should know about, it is very important that you list them in the additional information box. All clients must be protected by their own insurance that covers accidents, health, emergency evacuation and loss or damage to personal effects. Please note your participation will be denied unless you have adequate insurance.

|                                |  |
|--------------------------------|--|
| Insurance Provider:            |  |
| Policy #:                      |  |
| Company Phone/Fax #:           |  |
| Emergency contact person name: |  |
| Email Address:                 |  |

Please provide us with following information:

|                 |  |
|-----------------|--|
| Flight Details: |  |
| Arrival Date:   |  |
| Flight Number:  |  |
| Arrival Time:   |  |
| Departure Date: |  |
| Flight Number:  |  |
| Departure Time: |  |

Additional information: