

# 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:

1<sup>st</sup> 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.**