

# Fiji Guest Registration

Please provide all of the following information to:  
Travel Outdoors - PO Box 581 Angels Camp, CA 95222  
Phone: 800-446-2411:

Trip Date: \_\_\_\_\_ Trip Code: \_\_\_\_\_ Booking #: \_\_\_\_\_

Name (as it appears on your passport): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (Needed to fit your lifejacket.)

*We reserve the right not to accept passengers weighing more than 260 pounds or with a waist/chest size exceeding 56 inches*

**IN CASE OF EMERGENCY** please contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Where will you be staying in Fiji? \_\_\_\_\_

Will you need round trip transportation from your resort?

- Yes
- No

**If you are providing your own transportation please make sure you call Rivers Fiji to confirm meeting time.**

## **PICK UP INFORMATION**

Please provide round trip transportation from:

Resort: \_\_\_\_\_ Address: \_\_\_\_\_

Coral Coast /Suva \$25.00 USD per person

Lautoka /Nadi \$30.00 USD per person

You must call Rivers Fiji the day before your trip to confirm your pick up and time.

## **Payment Details:**

- Please put through my credit card for final payment now.
- Please charge my credit card for \$\_\_\_\_\_ for a round trip transfer.
- Please put through my credit card for final payment, automatically 90 days prior to the trip.

Name on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amex ID#: \_\_\_\_\_

**\*We accept Mastercard, Visa, American Express, Discover. Please include the 4-digit ID number for AMEX (found on the front of your card)\***

**Please fill out reverse side** ⇨

**MEDICAL/DIETARY INFORMATION**

\*Please list any dietary restrictions or allergies that may require additional planning. Vegetarians please specify no red meat, poultry, fish, dairy and eggs, vegan.

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\*Special occasions (birthday, anniversary)?

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**\*PLEASE NOTE: In order to honor your requests, we must have this information in our office 30 days before your trip. If you are booking within this time period, please make sure you've discussed any special requests with our office. We will do our best to accommodate your dietary requirements but unusual requests may result in an additional charge.**

YES	NO	Are you currently experiencing or have you ever had any of the following? If Yes: Please explain.
		Heart problems/attacks:
		Chest pain/pressure:
		Frequent shortness of breath:
		Frequent dizziness:
		Frequent fainting:
		High blood pressure:
		Depression/anxiety:
		Smoker:
		Hepatitis:
		Seizures:
		Currently pregnant:
		Asthma/respiratory problems:
		Diabetes/blood sugar problems:
		Recurrent/frequent headaches:
		Ulcer/stomach problems:
		Urinary tract problems:
		Muscular-skeletal problems:
		Major hospitalization/surgery (within the last year):
		Allergies: Bee stings ( <b>If you are prone to anaphylactic shock, please bring a bee sting kit - we do not carry them</b> )
		Other:

If you checked **yes** to any of the above, you may be required to provide us with a note from your doctor clearing you for this trip. We appreciate your cooperation in this matter.