

R.O.A.M. Galapagos Registration

Please complete both sides of this form and return it with your signed risk agreement to R.O.A.M., Inc, PO Box 1111, Angels Camp, CA 95222 as soon as possible to ensure that we provide you with the best vacation possible. You may fax the forms to us at 209-736-2902, but we must have the original copy of your release mailed to our office for our files.

Name _____ Tour Code # _____ Booking # _____

Phone (Wk) (_____) _____ (Hm) (_____) _____ Cell (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail _____ Passport number _____ Expiration date _____

**** Please send in a photocopy of your passport and your proof of medical evacuation insurance along with this form****

Birth date _____ Age _____ Height _____ Weight _____ Gender _____

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

Emergency Contact: _____ Phone _____ Cell: _____

MEDICAL/DIETARY INFORMATION: Please be specific.

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:
		Overweight:
		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 (If you are prone to anaphylactic shock, please bring a bee sting kit - we do not carry them)
		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. Please fill out reverse side

*Please list any dietary restrictions or allergies that may require additional planning: _____

*Special occasions (birthday, anniversary)? _____

***PLEASE NOTE:** In order to honor your requests, we must have this information in our office 60 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.

FLIGHT INFORMATION TO QUITO:

Arrival Flight #: _____ Carrier: _____ Time of Arrival: _____ Date: _____

Pre-Trip Hotel (if applicable): _____

Departure Flight #: _____ Carrier: _____ Time of Departure: _____ Date: _____

Post Trip Hotel (if applicable): _____

HOTEL/SLEEPING ARRANGMENTS:

Double occupancy / Please indicate roommate's name: _____

Single supplement

Hotel bed type: 1 Bed 2 Beds

Would you like us to arrange additional hotel nights? No Yes / Date(s): _____

Payment Details:

Please charge my credit card for final payment automatically 120 days prior to the trip:

Name on credit card: _____

Credit card number: _____ **Expiration date:** _____ **AMEX ID#:** _____

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

WHAT ARE YOUR EXPECTATIONS FOR YOUR TRIP? FEARS OR CONCERNS? _____