



## TOUR APPLICATION

Please read the Terms & Conditions carefully and complete this form with signature and date, in order to participate on a Manaca, Inc. Tour. You may either provide your credit card information on the reverse side of this application or mail a US \$350 deposit to: Manaca, Inc., P.O. Box 3617, Washington, DC 20027, USA, to reserve your space.

TOUR/LODGE NAME \_\_\_\_\_

DATE (mm/dd/yy) \_\_\_\_\_ DESTINATION \_\_\_\_\_

### Traveler's Information

.....

Name *(please print as it appears on your passport)* \_\_\_\_\_

Nickname or name that you preferred to be called by \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Occupation \_\_\_\_\_

Birth date (mm/dd/yy) \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

Fax (        ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Passport Number \_\_\_\_\_

*(passport must be valid at least 6 months from departure date)*

Date of Issue \_\_\_\_\_

Expiration \_\_\_\_\_

Place of Issue \_\_\_\_\_

Which is the best method to contact you?

? Home ? Work ? Email

? Other \_\_\_\_\_

? Please check here if you do not wish to include your address and phone number on the group roster.

### Health & Travel Experience

.....

Diet requirements? ? Vegetarian ? Vegan ? Other *(please describe)* \_\_\_\_\_

**Please use extra paper to answer any of these questions if necessary.**

Please tell us about your previous international travel experience.

Please describe any previous camping, hiking and outdoor experience.

**Please provide us with a daytime street address for courier delivery (signature may be required)**

Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home Phone (        ) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

**Person to be notified in case of emergency**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

**Accommodations**

.....  
Tour members who occupy single accommodations either by choice or by circumstance are required to pay the Single Supplement charge. On some tours single accommodations are not available. Please check the appropriate box below.

- ? Please assign a roommate if available.
- ? I prefer a single room wherever available.
- ? I will share a double room with \_\_\_\_\_

Please check the appropriate box below.  
? I am a nonsmoker.                      ? I am a smoker.

**Payment**

.....  
How did you first hear about Manaca, Inc.? \_\_\_\_\_

Please charge ? my US\$350 deposit, OR, ? my entire payment to my *(please check one box below on left)*

- ? AMEX
- ? Visa                      Account Number \_\_\_\_\_ Expiration date \_\_\_\_\_
- ? MasterCard              Name as it appears on credit card \_\_\_\_\_
- ? Diners Club              Signature \_\_\_\_\_

Please list the credit card billing address if it is different from the mailing address on Page 1.  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*I have read the Manaca, Inc. Terms & Conditions and the information that I have supplied on this application is accurate to the best of my knowledge.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent of Guardian (if under 21 years of age) \_\_\_\_\_