



TRIP BOOKING FORM

Name of Trip _____
Date of Departure; _____

The Manager,

Dear Sir,

Please find enclosed herewith photocopy of my passport, duly signed contract terms and my booking deposit amount Rupees _____ in words _____ by cash/cheque/DDNo _____ for your tour to Kailas & Manasarovar departing on _____.

PERSONAL DATA

HEALTH

Name _____ Gender _____ Age _____
(As it appears in your passport)
Address _____ Weight _____ Height _____
City _____ State _____ Zip _____ Blood Group _____
Country _____ Do you have any special dietary requirements _____
Phone _____ Fax _____ Do you have any special medical needs or allergies '! Please Describe _____

Occupation _____
Nationality _____
Passport# _____ Issue Date _____ Expiry Date _____
Validity _____ Place of Issue _____
Date of Birth _____ Place _____

You are booking for group tour and costs are given on sharing accommodation. If you are traveling single, do you wish to have a single accommodation wherever available at an additional cost? Yes _____ No _____

In case of emergency, please notify. Name: _____

Address _____
Country _____ Phone _____ Fax: _____

Declaration:

I have read and understood the terms and conditions set forth in this publication, your brochure, and agree to sign it of my own free will. I agree to all stated conditions & obligation set forth herein, including all limitations of liabilities, I also understand and accept that general flexibility is needed for adventure tours of this type and release Expedia Nepal, its owners, and agents and employees from all liabilities for any illness, personal injury or death, loss or damage of property, delay or alternation in program or any additional expense due to act of God, terrorism, Govt. restrictions & regulations, strikes, theft etc. assumption of all risks and emergency evacuation including airlift by helicopter or extra ground transports.

I also declare that in case of emergency, all medical and rescue transportation's expenses that arise for me will be paid by me or by:

Name: _____

Address _____

Phone: _____ Fax: _____ in case of my absence. I also declare that information given above is correct to the best of my knowledge.

(Signature)

Date and Place: