

# Think Galapagos Ltd

## Booking Form – please complete one per person

Date of trip:

Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

Date of birth:

Passport number:

Nationality:

Passport expiry date:

Special dietary requirements:

Medication/ medical conditions:

Emergency contact:

Any additional information we may need to know:

I wish to reserve a place on the trip detailed above and will make the required deposit payment transfer to Think Galapagos Ltd to confirm my booking.

Declaration: (please read and sign the following declaration)

I have read and agree to the Booking Conditions for myself or on behalf of the person named on this form. I can confirm that the above person is in good physical and mental health, and has no known reason to cancel or postpone the trip and is not traveling against the advice of medical professional persons.

Signed:

Date:

