



Absolute Adventure Treks Pvt. Ltd.

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RESERVATION FORM

I have applied to participate in (check trips applied for & single supplement option if desired)

I/We agree with my/our personal information as follows:

Name (as in passport) Sex (M/F)

Street address.....

City, State, Zip

Home phone.....

E-mail

Date of Birth (D/M/Y) Birthplace.....

Nationality (your passport issuing country)

Passport number.....

Date of issue (D/M/Y) Date of expiry (D/M/Y)

Profession

Are you vegetarian / non-vegetarian?

Trekking experience.....

How high have you been before?.....

Please specify if you have any comments.....

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SIGNATURE DATE