



The following information is required in order to proceed with your reservations. **Reservations, airline tickets and insurance policies cannot be issued without this information.** Return this form to us by fax at 416-413-1091 or send as an email attachment.

Last Name*	First & Middle Names*	Birthdate**	Country of Birth	Passport #	Nationality	Expiry Date***
		dd mmm yy				dd mmm yy
		dd mmm yy				dd mmm yy
		dd mmm yy				dd mmm yy
		dd mmm yy				dd mmm yy

* Names must be entered exactly as they appear on the passport
** If there are children under the age of 12 in this reservation, you must return a copy of each child's passport with this form.
*** Passports must be valid for at least 6 months after departing South America

CONTACT ADDRESS

Name: _____

Mailing Address: _____ STREET / P.O BOX _____

CITY _____ PROV/STATE _____ POSTAL CODE _____

Tel: _____

Email: _____

Emergency Contact: _____ NAME _____ PHONE # _____

FLIGHT INFORMATION

If Galapagos Holidays is not arranging your flights to/from South America and/or your hotel reservations, provide us with the details. We do not require the domestic flight details for flights within North America only your arrival and departure flights in South America.

Arrival Flight: FLIGHT # FROM CITY RESERVATION#

Hotel on Arrival: _____

Departure Flight: FLIGHT # FROM CITY RESERVATION#

Hotel before Departure: _____

SPECIAL REQUESTS

Hotel Room:
 Smoking Non-smoking
 Twin beds Double, Queen, King bed

Airline Seating:
 Passenger 1: Window Middle Aisle
 Passenger 2: Window Middle Aisle
 Passenger 3: Window Middle Aisle
 Passenger 4: Window Middle Aisle

Please note: Airline seating and hotel bedding preferences will be requested, but they cannot be guaranteed.

FREQUENT FLYER #S

Passenger 1:	AIRLINE	NUMBER
Passenger 2:	AIRLINE	NUMBER
Passenger 3:	AIRLINE	NUMBER
Passenger 4:	AIRLINE	NUMBER

INSURANCE, HEALTH & DIET

Travel insurance is strongly recommended. When selecting an insurance policy, we recommend that the minimum you have is medical insurance. There are also comprehensive packages that include medical, cancellation, loss of baggage, flight delay, and flight/travel accident. Insurance must be purchased within 14 days of deposit. It is important to know that our insurance policies only cover new, unknown and unexpected medical conditions.

(1) Do you require cancellation insurance? Yes No

(2) Do you require medical insurance? Yes No

(3) If you answered "no" to questions 1 and 2, do you have insurance coverage with another company?
 Cancellation: Yes No
 Medical: Yes No

(3a) If you answered "yes" to question 3, provide the Insurance Company Name & Policy #:

(4) If you require insurance, please tell us if you have any pre-existing medical conditions that have not been stable for the past 90 days?
 Ages 0-59 Yes No
 Ages 60-74 (see question 5) Yes No
 Ages 75-84 (see question 5) Yes No

4a) If you answered "yes" to question 4, please specify condition and for which passenger:

(5) Are you or your travel companion over the age of 60 and taking medication for a Heart or Lung condition (including Aspirin)? Yes No

(6) Do you have any dietary restrictions? Yes No

(6a) Please specify dietary requests/restrictions and for which passenger:

(7) Please indicate additional medical/dietary notes that you would like our operators to be aware of:

Name
Signature
Date