

RETURN THIS FORM TO SPIRIT PASSAGES

(Royal Mount Trekking (p) Ltd., Durbar Marg, Kathmandu, Nepal)
2017 Shamanic Trip to Nepal
Spirit Passages for Bhola N. Banstola
PO Box 426 • Yarmouth, Maine 04096 • 207.846.6829
info@spiritpassages.com

Trip Reservation Form:

I would like to register for the following trip(s): **2017 Shamanic Trip to Nepal**
• September 17 – September 30. (Dinner on the 17th - Breakfast on the 30th)
Enclosed is a deposit for: _____ person(s) at U.S. \$ 5000.00 per person, per trip for
a total of: \$ _____. I agree to pay the balance due.

The next payment (\$1,000) is DUE NO LATER THAN May 1st 2017. (Checks payable to "Spirit Passages" Note: "Nepal 2016" in the memo area)

The final payment (\$1,000) is DUE IN CASH (U.S. dollars) when you arrive in Nepal. No exceptions will be made. (As per Bhola's instructions.)

If payments are not completed by the specified date we reserve the right to treat this as a cancellation and will contact you a.s.a.p. in order to clear our records. Once a reservation has been made there is a non-refundable administrative cost of U.S. \$ 500.00 (please refer to cancellation schedule). No one will be allowed to participate on a trip unless all necessary documentation and paperwork is received, which includes a medical, liability release form and flight information sheet. The responsibility for obtaining proper documentation for international travel (i.e. visas and other expenses) rests with you. You will obtain a visa once you arrive in Nepal for approximately \$25.

I understand the application(s)/reservation(s) and deposit(s) accepted by **Spirit Passages for Bhola N. Banstola** subject to the Terms and Conditions regulations, the Medical and Limited Liability Release Agreements if signed by each member of an the trip and accompanied by the required deposit.

Your name (EXACTLY as it appears on passport):

Country of Citizenship: _____

Passport #: _____ **Expiration Date:**

Your address:

City: _____ **State/ Province:** _____ **Postal Code:** _____

Country: _____

Phone: _____ [day/eve] _____ [day/eve]

Email address: _____

Age: _____ Height: _____ Weight: _____ Sex: _____ Date of Birth: _____

Are you physically active? _____ Do you smoke? _____

Do you have any dietary needs or restrictions, or are there any foods that you cannot eat reasons? (for medical reasons ONLY!) _____
If Yes, please list:

Emergency Contact Person Please list: full name, relationship, address, phone, and email.

**** For your safety, and so that we may prepare accordingly, please tell us of any medical conditions you have (or may have had) that may affect your participation or safety while on a trip with Spirit Passages/Bhola N. Banstola. This information will be held in strict confidence. It helps us and you prepare for the trip. Please check with your personal doctor as to your medical needs and or medications (if any) that you might need to bring with you.**

Are you allergic to any medicines, antibiotics, foods, insect stings or iodine?

Accommodations: Will you be traveling with someone? _____ If so, who?

Rooms are double occupancy. If you do not have a traveling partner, and no roommate is available for you, the single supplement fee will be charged.

Signature: _____ Date: _____