

Scheduled and custom birding tours in Colombia

Full Tour Name: _____

Starting and Ending Dates/Year: ? _____

Taking Tour Extension (if any): Yes No If more than one extension: _____

Name and Address of the Registrant(s) (only one form is needed for couples):

Name (1): Mr/Mrs/Ms _____ DOB: ____/____/____

Name (2): Mr/Mrs/Ms _____ DOB: ____/____/____

Address: _____

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E-mail: _____ Telephone: Home (____) _____

Work (____) _____ Cell (____) _____

Emergency Contact: Name, Relationship, and Telephone
Number _____

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Have you traveled with BIRDING COLOMBIA before? Yes No

How did you learn about BIRDING COLOMBIA?

Reasons for choosing this WINGS tour (rate 1-5)

Location: _____ Dates: _____ Leader: _____ Reputation: _____ Price: _____

Other: _____

I want a single room where available. A Single Occupancy Supplement fee will be assessed

(see <http://www.birdingcolombia.com/terms-and-conditions/>)

I want to share a room. If no roommate is available, a Single Occupancy Supplement will be assessed.

I plan to share a room with _____

I smoke. I do not smoke. I snore.

Do you have any disability or illness that might restrict your full involvement in any aspect of the tour, or of which we should be aware for your safety (e.g., walking difficulties, diabetes, asthma, angina)?

No Yes (please provide full details on a separate sheet)

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If you have other special requirements (e.g., dietary restrictions), please advise us and we will do our best to accommodate you:

Day Month Year

Day Month Year

Deposit Amount Enclosed: (45% of tour price per person) \$ _____

(We may occasionally require additional deposits)

Payment Method: MasterCard Visa

Account Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ / ____

Month Year

Signature of Cardholder: _____

IMPORTANT: Please read About BIRDING COLOMBIA Tours on the BIRDING COLOMBIA website, www.birdingcolombia.com/about, for our

Terms and Conditions, including important information on payments, refunds, cancellations, and the way we run our tours. By signing this form, you are acknowledging that you have read and understand this material.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please mail this reservation form and deposit(s) to:

Birding Colombia

Carrera 4 # 3-09. Ricaurte Nariño Colombia

tel: 3115962545 email: mulaunde@yahoo.com

Name as It Appears on Passport: _____

Nationality & Passport Number: _____

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Expiration Date: ____/____/____ Date of Issue: ____/____/____

Place of Issue: _____

Place of Birth: _____

Profession (if retired, former profession): _____

Passport Information (Needed for any tour outside the U.S.)

Day Month Year Day Month Year

Name as It Appears on Passport: _____

Nationality & Passport Number: _____

Expiration Date: ____/____/____ Date of Issue: ____/____/____

Place of Issue: _____

Place of Birth: _____