

# BOOKING FORM

## Personal Details:

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Dietary Requirements \_\_\_\_\_

Medical Condition \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Passport No. \_\_\_\_\_

Date & Place of Issue \_\_\_\_\_

Date of Expiry \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home / Work \_\_\_\_\_

Mobile / E-Mail \_\_\_\_\_

## Emergency Contact:

First Name, Surname \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home / Work \_\_\_\_\_

Mobile / E-Mail \_\_\_\_\_

Trip Code / Trip Name \_\_\_\_\_

Departure Date (ex CH) \_\_\_\_\_

Flight Details \_\_\_\_\_

Date, Signature \_\_\_\_\_

I'm aware of the present political situation in the countries visited on this trip. If not, I'll gather information on [www.eda.admin.ch](http://www.eda.admin.ch)

Information for travel agencies: The information collected above will not be used by us for any other purpose than booking the requested Exodus trip. All information which we collect will be kept confidential.

Please mail this form to [info@acapAdventures.com](mailto:info@acapAdventures.com) or fax it to 056.631 86 61

