

Wantok Client Information Form

(To complete this form, simply point and click to the right of any bullet point and begin typing. When you are done filling it out, use the "Save As" command to give it a new file name. Then e-mail it to wantokadventures@gmail.com as an attachment.)

Trip Name:

Trip Date:

Participant Information:

Name:

Address:

State:

Postal/Zip:

Home Phone:

Email:

Height:

Occupation:

City:

Country:

Cell or other phone:

Date of Birth:

Weight:

Gender: Male___ or Female___

Emergency Contact Information (not your traveling companion)

Name:

Home Phone:

Relationship:

Business or Cell Phone:

Passport Information:

Name as it appears on passport:

Passport Number:

Expiry Date:

Citizenship:

Date of Issue:

Place of Issue:

Place of Birth:

Do you have any dietary restrictions? Yes___ No___ If yes please list below:

-

Accommodations. Are you willing to share? Yes___ No___

-

Please list any relevant medical conditions you have:

-

-

Please list all medications you are currently taking:

-

List all allergies we should be aware of:

-

Email back this form and the completed and signed Agreement and Release from Liability Form as soon as possible.

Wantok

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