

South American Adventures Company Reservation Form

NOTE : A Separate form is required for each participant. Please print off sufficient copies.

Date: _____

Please select the Tour package you are interested in:

POLO : Player _____ / Non-Player _____ HORSE TREKKING : _____

Dates Requested : From: _____ To: _____

Alternate Date if the above dates are not available : From: _____ To: _____

Client Information : (Please Print)

Name: (Last) _____ (First) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (Home) _____ (Work) _____

Fax Number: (Home) _____ (Work) _____ E-mail: _____

Personal Information: (NOTE: Only for Polo player and / or Horse Trekking Clients.)

Height: _____ Weight (*): _____ Special Diet Required (**): Y _____ N _____

*) If over 200 lbs. we will have to consult with our contractors before accepting the booking.

**) If you have special diet requirements, Please provide the details on a separate sheet.

Fitness Level: Excellent _____ Moderate _____ Poor _____

Riding Level: Beginner _____ Novice _____ Intermediate _____ Strong Intermediate _____ Advanced _____

Emergency Contact Information : (Provide name, telephone No. and Relationship to client)

Deposit : (A deposit of 30 % of the Tour Price for the Tour selected above is required.)

Polo : Player \$ _____ / Non-Player \$ _____ Horse Trekking : \$ _____

Payment Method: (Note: All funds listed on our web-site are shown in U.S. funds.)

VISA : _____ MASTERCARD: _____

Card No. _____ Expires _____

Full Name on Card: _____

Billing Address of Card (If different from mailing address above): _____

With my signature I confirm my reservation of the listed programme under the South American Adventures Company booking conditions. I am aware of the risk involved with these outdoor adventure activities. I have read and agree with the South American Adventure Company Booking conditions and Recreational Activity release and Indemnity Agreement as listed on the South American Adventure Company web-site. I will sign and forward the Recreational Activity Release and Indemnity Agreement at least 30 days before the trip start date.

Signature of Client: _____

Please Fax the completed form to: **54 - 3874313938**

South American Adventures Co., Cordoba 488, 4400 Salta, Argentina.
Telephone / Fax number: **54 - 3874313938**