

Spirited Adventures Travel

<http://satravel.us>



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APPLICATION

TRIP TITLE _____ DATES _____

NAME (as on passport) _____ NICKNAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____ GENDER
 M F

CELL PHONE _____ HOME PHONE _____

EMPLOYER _____ OCCUPATION _____

PASSPORT # _____ EXP. DATE _____ CITIZENSHIP _____

BIRTHDATE (mm/dd/yyyy) _____

EMERGENCY CONTACT _____ PHONE _____

CONTACT RELATIONSHIP _____

DESCRIBE YOUR HEALTH _____

WHAT PHYSICAL ACTIVITIES DO YOU PARTICIPATE IN? _____

DESCRIBE ANY PHYSICAL LIMITATIONS YOU HAVE _____

DIETARY RESTRICTIONS/ALLERGIES _____

I PLAN TO ROOM WITH _____

I PREFER A SINGLE ROOM (WHEN AVAILABLE) AND WILL PAY THE SUPPLEMENTAL COST

I AM LOOKING FOR A ROOMMATE NON-SMOKER SMOKER EITHER

HOW DID YOU HEAR ABOUT THIS TRIP? _____

I have read and agree to all conditions as stated in the GENERAL CONDITIONS AND INFORMATION, especially noting the policy on CANCELLATIONS, REFUNDS and INSURANCE.

SIGNATURE _____ DATE _____

Please mail this application with your deposit of \$500 payable to
SPIRITED ADVENTURES TRAVEL, 11761 44th Street Ln N, Lake Elmo, MN 55042.