



RESERVATION FORM (one per participant)

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Fax _____

Email address _____

Age _____ Birth date _____ Gender _____ Height _____ Weight _____

Passport Nationality _____ Passport Number _____ Exp. Date _____

In Case of Emergency, Contact _____

Home Phone _____

Work Phone _____ Relationship _____

I wish to register for the following trip

_____ (Date) _____ (Expedition Name)

CANCELATION POLICIES:

A minimum of four guests per trip is required.

A \$250 deposit is required with your reservation. Full payment is due 90 days prior to the departure date. If you cancel more than ninety days before the trip date, we will give you a full refund less \$75. If you cancel more than thirty days before the trip you forfeit half of the trip fee. No refunds will be given within thirty days of the trip. We regret to inform you that we can not make exceptions for personal emergencies or health problems. Once your reservation is confirmed, we lose the potential to sell that spot to someone else. Because of this, we strongly recommend trip cancellation insurance and travelers insurance. A written request for cancellation is required, this is to protect your investment.

If we have to cancel a trip because of insufficient response or other unforeseen factors, we will give you a full refund.

DEPOSIT PAYMENTS

Enclosed \$ _____ check or money order. (Make Payable to: Rios de Honduras)

_____ I wish to have a single room whenever possible (\$275 extra for 9 day trip)

_____ I wish to secure a roommate. I am a smoker _____ non-smoker _____.

MEDICAL

The trips are strenuous and all participants need to be in very good physical condition. We recommend that all trip participants schedule a physical exam within 2 months prior to departure. Discuss the activities and location of the trip, and take the doctor's advice. Please provide the information requested below. This information will remain confidential. Check the conditions that apply:

_____ heart or lung disease	_____ high blood pressure	_____ current medication
_____ asthma	_____ orthopedic problems	_____ allergies
_____ pregnant	_____ smoker	_____ non-swimmer



*Comment on above conditions and other physical or mental conditions that could effect your participation in this trip (continue on separate sheet).

Are you currently taking medication? Y / N

If yes, what? _____

I do ____ do not ____ have any physical conditions that would prevent me from fully participating in this trip. If you checked do, please detail (continue on a separate sheet)

Health Insurance Provider _____ Policy

Number _____

Please confirm that your health insurance will cover expenses abroad and transport cost to the US.

Dietary Needs and Restrictions _____

FLIGHT ARRANGEMENTS

Arrival in La Ceiba (Date)? _____

Which Airline? _____

Flight number and time? _____

Departure (Date and location) _____

Which Airline? (If different) _____

Flight Number and time? _____

(All trips begin in La Ceiba and depart from either La Ceiba or Roatan so please confer with the itinerary before make flight arrangements)

RIVER INFORMATION

Type of Craft for this trip: Raft Kayak Canoe
(rafters skip next section*)

*COMPLETE A RIVER RESUME IF YOU ARE PARTICIPATING IN A KAYAK OR CANOE TRIP.



Normal wear is expected, but if there is damage or loss of equipment, you will be charged for the replacement cost.

Signature _____ Date _____