



# booking form

Please complete the booking form in CAPITALS for each participant. Where applicable, the details you enter MUST be identical to what is in your passport, e.g. name, nationality. If possible, please complete all sections of the form, but if you do not have your passport details at the time of booking, or you need to obtain a new passport before you travel (most countries require that your passport is valid for at least six months on entry), please ensure that you send us these details at the earliest opportunity.

Please also advise us immediately if any of the information you give us on this form changes. Signing this Booking Form indicates that you have read the Booking Conditions and agree to abide by them.

Please return the signed booking form to Absolute Adventure at PO Box 72632, Dubai, United Arab Emirates. For more details and information contact us on: office:+971 4 345 9900, mobile: +971 50 625 9165, email: info@adventure.ae, or visit us at: www.adventure.ae.

## Adventurer 1

Title ..... First Name(s) .....

Family Name .....

Nationality (as passport) ..... Passport No .....

Date of issue ...../...../..... Date of expiry ...../...../.....  
DD MM YY DD MM YY

Place of issue ..... Date of birth ...../...../.....  
DD MM YY

Height ..... Weight ..... Sex M/F .....

Occupation .....

Daytime tel ..... Evening tel .....

Email ..... Mobile .....

Postal address .....

.....

Special diet/food allergies (please specify) .....

.....

## In an emergency please contact:

Name .....

Address .....

Daytime tel ..... Evening tel .....

Email ..... Mobile .....

Your Adventure choice:

Adventure name ..... Adventure ref .....

Your Extension Choice (if applicable)

Extension name ..... Extension ref .....

Departure date...../...../..... Extension date ...../...../.....  
DD MM YY DD MM YY

Accommodation:  Will Share  Single

Please summarise your experience and current ability level in the adventure activity chosen:

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**Adventurer 2**

Title ..... First Name(s) .....

Family Name .....

Nationality (as passport) ..... Passport No .....

Date of issue ..... / ..... / ..... Date of expiry ..... / ..... / .....  
DD MM YY DD MM YY

Place of issue ..... Date of birth ..... / ..... / .....  
DD MM YY

Height ..... Weight ..... Sex M/F .....

Occupation .....

Daytime tel ..... Evening tel .....

Email ..... Mobile .....

Postal address .....

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Special diet/food allergies (please specify) .....

.....

**In an emergency please contact:**

Name .....

Address .....

Daytime tel ..... Evening tel .....

Email ..... Mobile .....

Your Adventure choice:  
 Adventure name ..... Adventure ref .....

Your Extension Choice (if applicable)  
 Extension name ..... Extension ref .....

Departure date ..... / ..... / ..... Extension date ..... / ..... / .....  
DD MM YY DD MM YY

Accommodation:  Will Share  Single

Please summarise your experience and current ability level in the adventure activity chosen:  
 .....  
 .....

**Cost:**

Adventure cost .....  I enclose my non-refundable deposit of  
 US\$ 500 / AED 1850 in cash/cheque  
 Single supplement ..... made payable to Absolute Adventure.  
 Extension cost .....

Total .....

I/we, the undersigned, accept and agree the booking conditions and representations. In particular the conditions relating to insurance and limitation of liability have been read and accepted. I/we do not have any pre-existing medical condition except those stated on the medical declaration form. I/we acknowledge the relative remoteness, tough travelling, limited and relatively primitive medical and other services as well as the greater potential dangers inherently present in a tour such as that I/we have chosen, compared with my usual daily life or conventional holiday travel. I/we agree to pay the balance of the tour cost **at least 56 days prior to tour departure date**. Please note all clients must sign the booking form.

Please tell us how you heard about Absolute Adventure .....

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Signed ..... Date .....

Signed ..... Date .....