



Galapagos Holidays, Inc.
 14 Prince Arthur Ave., Suite 311
 Toronto, Ontario M5R 1A9
 Tel: (416) 413-9090 • Fax: (416) 413-1091
 Toll free: 1-800-661-2512

Email: info@galapagos holidays.com
 Web site: http://www.galapagos holidays.com

RESERVATION FORM

The following information is required in order to proceed with your reservations. Reservations, airline tickets and insurance policies cannot be issued without this information. Please sign and return this to us by fax at 416-413-1091 or send as an email attachment.

Full Name (s) – as read on your passport	Frequent Flyer #s (Airline and number)	Date of Birth* (dd mmm yy)	Nationality	Passport #	Expiry Date** (dd mmm yy)
(1)					
(2)					
(3)					
(4)					

* If there are children under the age of 12 in this reservation, you must return a copy of each child's passport with this form.
 ** Passports must be valid for at least 6 months after departing South America

Mailing Address: _____
 Phone #: _____ Fax #: _____
 Email: _____
 Emergency Contact Name _____ Phone #: _____

INSURANCE/HEALTH/DIET:

Travel insurance is strongly recommended. When selecting an insurance policy, we recommend that the minimum you have is medical insurance. There are also comprehensive packages that include medical, cancellation, loss of baggage, flight delay, and flight/travel accident. Insurance must be purchased within 14 days of deposit. It is important to know that our insurance policies only cover new, unknown and unexpected medical conditions.

(1) Do you require cancellation insurance? Yes No

(2) Do you require medical insurance? Yes No

(3) If you answered "no" to questions 1 and 2, do you have insurance coverage with another company?
 Cancellation: Yes No
 Medical: Yes No

(4) If you require insurance. Do you have any pre-existing medical conditions that have not been stable for the past 90 days?
 Ages 0-59 Yes No
 Ages 60-74 (see question 5) Yes No
 Ages 75-84 (see question 5) Yes No

(4a) If you answered "yes" to question 4, please specify condition and for which passenger:

(5) Are you or your travel companion over the age of 60 and taking medication for a Heart or Lung condition (including Aspirin)? Yes No

(6) Do you have any dietary restrictions? Yes No

(6a) Please specify dietary requests/restrictions and for which passenger:

(7) Please indicate any other medical/dietary notes that you would like our operators to be aware of:

If Galapagos Holidays is not arranging your flights to/from South America, please provide us with the flight details (airline, flight #, date). We do not require the domestic flight details for flights within North America.

Arrival Flight: _____ Departure Flight: _____
 Hotel on arrival _____ Hotel on Departure _____

**Please provide hotel and airline information ONLY if we are not making these reservations for you*

Preferred Hotel Room: Smoking Non-smoking Twin beds 1 Double, Queen, King bed **
 Preferred Airline Seating: Window ** Middle ** Aisle **

**Airline seating and hotel bed preferences will be requested, but they cannot be guaranteed.*

Signature: _____ Date: _____