



Andes Mountain Guides LTD.
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Trip Name: _____ Start Date: _____

Client Name: _____ Date of Birth: _____ Sex: _____

Mailing Address: _____ Occupation: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Permission to forward to other participants (circle) Yes NO

Evening Phone: _____ Day Phone: _____

Cell Phone: _____ Fax: _____

Your trip departure and itinerary information will be sent electronically to save paper unless otherwise noted: _____

Please tell us where you heard about Andes Mountain Guides: _____

For International Travel - Please include a copy of your passport		
Name as it appears on passport: _____		
Passport Number: _____	Place of Issue: _____	
Date of Issue: _____	Expiration Date: _____	Citizenship: _____
Do you require single hotel accommodations?*		Note: Single room start at \$100.00
*All prices are based on double or triple occupancy. If you are a single traveler, we will make every effort to place you with a same sex roommate. However, if we are unable to make such arrangements due to incompatibility, roommate cancellation or other reasons you will be assessed a supplemental charge.		

I am making a \$600.00 deposit to hold my reservation:

I am enclosing full payment. Check/Money Order: Amount \$ _____

I am enclosing full payment by Credit Card: Amount \$ _____

Credit Cards are Welcome for Payment in Full; However, a 5% Processing Fee Will Be Charged In These Cases to Cover Credit Card Fees:

Payment by (Circle One) Visa MasterCard Discover Amex

Card Number: _____ Exp Date: _____ Security Code: _____

Signature: _____ Date: _____