

FOR OFFICE USE ONLY

Date received _____

Date of trip _____

Travel specialist _____

UNCHARTED OUTPOSTS

SAFARI & TRAVEL CO.

PERSONAL & MEDICAL INFORMATION FORM

PERSONAL INFORMATION

Name (as appears on your passport) _____

Mailing Address _____

City _____

Zip _____

Home Telephone _____

Fax: _____

Occupation _____

Business Telephone _____

ext. _____

Business Fax _____

Email Address _____

Height _____

Weight _____

Age _____

Birthdate _____

M/F _____

Please describe your Health and Medical history: _____

Any other medical conditions we should be aware of: _____

Allergies or dietary restrictions (vegetarian?): _____

Please list any alcoholic preferences (local beer, wine, domestic spirits). Please note that we will try our best to provide your drink of choice. _____

Describe the nature and extent of your camping, hiking, horseback riding, or other outdoor experience: _____

Please list any special occasions while on your trip: _____

DOCTOR INFORMATION

Name _____

Telephone: _____

Address: _____

City: _____

Zip: _____