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| Inschription form RedPoint Patagonia | |
| Name: | Name of Tour: |
| Email: | Date of Tour: |
| Personal information | |
| Age: | Sex: |
| Adress: | Country: |
| Citizenship: | Passport nr: |
| Expiringdate Passport: | Date of Birth: |
| Ocupation: | Phone nr: |
| Emergency details | |
| Contact: | Phone nr: |
| Insurance provider: | Phonr nr: |
| Travel information | |
| Airline and flight nr: | Time and date of arrival: |
| Arival time to Puerto Natales: | Hotel/hostal: |

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| Info for guide | |
| Trekking experience: | |
| Exercize routine: | |
| Alergies: | |
| Injuries or old injuries: | |
| Are you under care of a doctor: no/yes, the reason is | |
| Midication: | Dosis: |
| Diatary requests: | |
| Special needs: | |
| Comments: | |