

# RETURN THIS FORM TO SPIRIT PASSAGES

(Royal Mount Trekking (p) Ltd., Durbar Marg, Kathmandu, Nepal)  
2012 Shamanic Trip to Nepal  
Spirit Passages for Bhola N. Banstola  
PO Box 426 • Yarmouth, Maine 04096 • 207.846.6829  
[info@spiritpassages.com](mailto:info@spiritpassages.com)

## Trip Reservation Form:

I would like to register for the following trip(s): **2012 Shamanic Trip to Nepal**  
**• October 14-24, 2012.** (Dinner on the 14th -Breakfast on the 24th)

Enclosed is a deposit for: \_\_\_\_\_ person(s) at U.S. \$ 500.00 per person, per trip for a total of: \$ \_\_\_\_\_. I agree to pay the balance due.

**The next payment (\$1,000) is DUE NO LATER THAN Monday, June 18th, 2012.** (Checks payable to "Spirit Passages" Note: "Nepal 2012" in the memo area)

**The final payment (\$1,000) is DUE IN CASH (U.S. dollars) when you arrive in Nepal. No exceptions will be made.** (As per Bhola's instructions.)

If payments are not completed by the specified date we reserve the right to treat this as a cancellation and will contact you a.s.a.p. in order to clear our records. Once a reservation has been made there is a non-refundable administrative cost of U.S. \$ 500.00 (please refer to cancellation schedule). No one will be allowed to participate on a trip unless all necessary documentation and paperwork is received, which includes a medical, liability release form and flight information sheet. The responsibility for obtaining proper documentation for international travel (i.e. visas and other expenses) rests with you. You will obtain a visa once you arrive in Nepal for approximately \$25.

I understand the application(s)/reservation(s) and deposit(s) accepted by **Spirit Passages for Bhola N. Banstola** subject to the Terms and Conditions regulations, the Medical and Limited Liability Release Agreements if signed by each member of an the trip and accompanied by the required deposit.

\*\*\*\*\*

**Your name** (EXACTLY as it appears on passport):

\_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Passport #:** \_\_\_\_\_ **Expiration Date:**

\_\_\_\_\_

**Your address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State/ Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ [day/eve] \_\_\_\_\_ [day/eve]

**Email address:** \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Are you physically active? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Do you have any dietary needs or restrictions, or are there any foods that you cannot eat reasons? (for medical reasons ONLY!) \_\_\_\_\_  
If Yes, please list:

\_\_\_\_\_

Emergency Contact Person Please list: full name, relationship, address, phone, and email.

\_\_\_\_\_

**\*\* For your safety, and so that we may prepare accordingly, please tell us of any medical conditions you have (or may have had) that may affect your participation or safety while on a trip with Spirit Passages/Bhola N. Banstola. This information will be held in strict confidence. It helps us and you prepare for the trip. Please check with your personal doctor as to your medical needs and or medications (if any) that you might need to bring with you.**

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Are you allergic to any medicines, antibiotics, foods, insect stings or iodine?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodations: Will you be traveling with someone? \_\_\_\_\_ If so, who?

\_\_\_\_\_

\_\_\_\_\_

Rooms are double occupancy. If you do not have a traveling partner, and no roommate is available for you, the single supplement fee will be charged.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_