Yatra BOOKING FORM

Name of Trip_____

Date of Departure; _____

The Manager,

Dear Sir,

Please find enclosed herewith photocopy of my passport, duly signed contract terms and my booking deposit amount

Rupees_____in Words_____ _____by

cash/cheque/DDNo _____for your tour to Kailas & Manasarovar departing on

_____.

PERSONAL DATA HEALTH

Name _____ Gender_____Age _____

(As it appears in your passport)

Address _____
_____Weight _____Height_____

City_____ State_____ Zip_____ Blood Group_____

Country _____Do you have any special dietary
requirements_____

Phone_____ Fax _____Do you have any special medical needs or
allergies '! Please

Describe_____

Occupation_____

Nationality _____

Passport# _____ Issue Date _____
_____Expiry Date_____

Validity

_____
_____Place of Issue _____

Date of Birth _____ Place _____

You are booking for group tour and costs are given on sharing accommodation. If you are traveling single, do you

wish to have a single accommodation wherever available at an additional cost? Yes_____ No_____

In case of emergency, please notify.Name:_____

Address_____
_____

Country_____Phone_____Fax:_____
_____

Declaration:

I have read and understood the terms and conditions set forth in this publication, your brochure, and agree to sign it of my own free will. I agree to all stated conditions & obligation set forth herein, including all limitations of liabilities, I also understand and accept that general flexibility is needed for adventure tours of this type and release Expedia Nepal, its owners, and agents and employees from all liabilities for any illness, personal injury or death, loss or damage of property, delay or alternation in program or any additional expense due to act of God, terrorism, Govt. restrictions & regulations, strikes, theft etc. assumption of all risks and emergency

evacuation including airlift by helicopter or extra ground transports.

I also declare that in case of emergency, all medical and rescue transportation's expenses that arise for me will be paid by me or by:

Name:
_____
_____

Address_____
_____

_____
_____

Phone:
_____Fax:_____in
case of my absence. I also declare that information given above is correct to the best of my
knowledge.

(Signature)

Date and Place:

_____