



I/We wish I to register for the following expedition: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

DEPOSIT ENCLOSED: \_\_\_ person(s) at U.S. \$600 per person per tour (visa & master card accepted) Total: \$ \_\_\_\_\_

CREDIT CARD# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ VCODE: \_\_\_\_\_

I wish to have a single room whenever possible. I wish to secure a room mate. I am a smoker non -smoker

NAME(S): \_\_\_\_\_ and \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: HOME ( ) \_\_\_\_\_ BUS.: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

Reservations accepted are subject to the Terms and Conditions, the Liability and Assumption of Risk Release below, and the Responsibility Acknowledgments on second page, and confirmed only if presented to Earth River Expeditions, Inc. on this form signed by each tour member, and accompanied by the required deposit.

**ITINERARIES AND TOUR RATES ARE SUBJECT TO CHANGE DUE TO CIRCUMSTANCES BEYOND OUR CONTROL.**

I/We are on good health and capable of walking driving and traveling trough rough terrain. By signing below I certify that I do not have any condition or disability that would create hazard for my self or other passengers.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**PLEASE PRINT OUT THE FOLLOWING FORMS AND MAIL THEM BACK TO OUR OFFICE.  
WE REQUIRE ORIGINAL SIGNATURES FOR OUR FILES.**

**180 TOWPATH ROAD, ACCORD, NY, 12404**

**(800)-643-2784**

**(845)626-2665**

**(845)626-4423-Fax**

**info@earthriver.com**