

This form must be completed, signed, and returned as soon as possible to secure your space. Please print or type all information. Please email completed form to kath@paramount-adventures.com

Once your booking form has been received you will get an invoice emailed to you for payment.

YOUR INFORMATION

Name as it appears in your passport: First, Middle (ONLY If on passport) Last.			
First Name:	Middle:	Last Name:	
Passport Number:	Issue Date	e:	_ Expiry Date:
Passport Issuing Office:	Date of B	irth:	
Home Address			
Street			City
Province / State	Postal / Zip Code	Country	
Home phone	Cell phone	I	Email
trip is fully transferable to place you will receive a reference of the participation. There are no refunds in conatural cause or if the participation warren Jobbitt Snowspointerruption insurance at	LICY: ur deposit and your final paym o another person for the exact efund less a \$125.00CND admi e leaves the trip before its com oant's need for a rescue, the pa case of "No Ski Days" due to inc irticipant decides to not contin rts Academy and Paramount A the time of payment.	t same trip in 202 inistration fee. apletion, there wi articipant is respondent weather are skiing for any adventures recompose would like to	ndable. If you are unable to travel with us your 5. If you or Warren find someone to take your Il be no reimbursement of fees. consible for any expenses incurred. colosed access route or ski lifts or any other other reason. commend that all clients purchase cancellation/trip coloresteed your holiday in Chile, we would be happy
	, , , ,		ge the non-refundable deposit and final payment
Date:	Signature:		