



# RESERVATION FORM

Asian Pacific Adventures  
6065 Calvin Avenue, Tarzana CA 91356-1114  
Tel (818) 881-2745 Fax (818) 881-2749 E-mail:info@AsianPacificAdventures.com  
www.asianpacificadventures.com

### PLEASE PRINT ALL INFORMATION

#### TRAVELER # 1

TOUR NAME & DATE:.....  
NAME AS IN PASSPORT:.....  
ADDRESS: .....  
CITY:.....STATE:.....ZIP.....  
PHONE (H).....(W).....  
FAX: .....E-MAIL:.....  
BIRTHPLACE:.....DATE OF BIRTH:.....  
CITIZENSHIP:.....AGE:.....  
PASSPORT NO: .....VALID UNTIL:.....  
PLACE OF ISSUE:.....DATE OF ISSUE:.....  
FATHER'S NAME (FOR IRAN ONLY):.....  
OCCUPATION:.....

ENCLOSED FOR THIS TOUR: \$.....  
\$500 DEPOSIT (PER PERSON)  
FULL PAYMENT (FOR TOURS THAT DEPART WITHIN 90 DAYS)

AIR TRAVEL:  
MAKE AIR RESERVATIONS FROM.....  
AIRLINE PREFERENCE:.....  
FREQUENT FLIER NO.....  
FREQUENT FLIER NO.....

### PLEASE CHECK ALL THAT APPLY

#### EMERGENCY CONTACT WHILE ABROAD

NON SMOKER  SMOKER  MALE  FEMALE  
 VEGETARIAN  
 SINGLE  SHARE HEIGHT.....WEIGHT.....

CHARGE ON A CREDIT CARD  
NO.....EXP.....  
NAME ON CARD.....  
BILLING ADDRESS.....

NAME.....RELATION.....  
ADDRESS.....  
PHONE (WORK).....  
(HOME).....

*(PLEASE MAIL A PHOTOCOPY OF THE FACE PAGE OF YOUR PASSPORT WITH THIS APPLICATION.)*

#### TRAVELER # 2

TOUR NAME & DATE:.....  
NAME AS IN PASSPORT:.....  
ADDRESS: .....  
CITY:.....STATE:.....ZIP.....  
PHONE (H).....(W).....  
FAX: .....E-MAIL:.....  
BIRTHPLACE:.....DATE OF BIRTH:.....  
CITIZENSHIP:.....AGE:.....  
PASSPORT NO: .....VALID UNTIL:.....  
PLACE OF ISSUE:.....DATE OF ISSUE:.....  
FATHER'S NAME (FOR IRAN ONLY):.....  
OCCUPATION:.....

### How Did You Hear About ASIAN PACIFIC ADVENTURES?

Please Check T-Shirt sizes:  S  M  L  XL

I/We have read, understand, and agree to the general information, terms and conditions set forth in the ASIAN PACIFIC ADVENTURES brochure.

SIGNATURE.....DATE.....

SIGNATURE.....DATE.....

### PLEASE CHECK ALL THAT APPLY

NON SMOKER  SMOKER  MALE  FEMALE  
 VEGETARIAN  
 SINGLE  SHARE HEIGHT.....WEIGHT.....

SEND FINAL DOCUMENTS TO:  
NAME.....

C/O.....  
ADDRESS.....SUITE.....

PHONE.....  
*(SOMEONE MUST BE PRESENT TO RECEIVE IT!)*