



RESERVATION FORM

Asian Pacific Adventures
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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!)