

## Ecoventura Passenger Information Form

Please complete this form (one per passenger) and return it to Galapagos Network 60 days prior to your departure by Fax (305) 262 -9609 or e-mail: [info@galapagosnetwork.com](mailto:info@galapagosnetwork.com). All information provided will be held in confidence and released only to the appropriate individuals. Ecuador's Ministry of Tourism has issued regulations governing guest's medical information and conditions published in the Official Gazette under "Regulations on Adventure Tourism Operations"

**Cruise departure date:** \_\_\_\_\_

Complete name as issued in Passport _____		
Date of Birth: _____	Male	Female
Mailing address _____		
City: _____	Country: _____	Postal Zip Code: _____
Telephone: _____	email: _____	
Passport number _____	Expiration date _____	Nationality: _____
Note: your passport must be valid for at least six month after the day you will depart Ecuador		
Emergency contact Name & telephone number: _____		
Travel & Health insurance: _____	Issue Date: _____	
Allergies or Medical Conditions: _____	Blood Type: _____	
My preference is for	two twin beds	one double bed
Dietary requirements: _____		
I/we are celebrating a special event during the cruise: _____		
Hotel Accommodation in Ecuador (pre-cruise): _____		
Tour Company providing services in Ecuador: _____		
Arriving Flight to Ecuador: Airline _____		
Flight No. _____	Date: _____	Routing _____ ETA _____
Departing Flight from Ecuador: Airline _____		
Flight No. _____	Date: _____	Routing _____ ETD _____

The Ministry also requires confirmation by guests that they have read and understand the liability clause for activities that are part of our itineraries. Our liability clause is available here:

[http://www.ecoventura.com/wp-content/uploads/2013/09/TRANSPORT\\_FORM.pdf](http://www.ecoventura.com/wp-content/uploads/2013/09/TRANSPORT_FORM.pdf)

I verify that I have read and understand the terms & Conditions set forth by Ecoventura

Signed \_\_\_\_\_