

ATTACHMENT A: INFORMATION FORM

TripAdventure:

Date To:

 MM

 DD

 YYYY

Date From:

 MM

 DD

 YYYY

Surname and First Name exactly as is on Passport:

 First Name

 Surname

COMMUNICATIONS INFORMATION

I will be taking a sat phone with me: Yes No I will be taking a computer with me: Yes No

I will be writing a newsletter/blog: Yes No

If yes, please provide URLAddress:

INSURANCE INFORMATION

Comapny Name:

Company Address:

 Street

 Apt. or Suite

 City

 State

 Zip

Company Phone:

Email:

Policy Number:

Effective Policy Date:

 MM

 DD

 YYYY

Policy Description:

Date of issue:

 MM

 DD

 YYYY

FLIGHT INFORMATION

Applicant shall be responsible for making all travel arrangements to the originating city, i.e. they shall be solely responsible for all costs, bookings and other transportation related arrangements to the city or location from which the adventure begins. Alternatively, if the Applicant wishes WA to make such arrangements, they should notify WA of the request in writing. WA's receipt of such notification shall not create an obligation of WA to comply with the request, and WA shall bear no costs (damage or otherwise) associated with either arranging travel that is not within the scope and costs of the advertised adventure or the reject of the applicant's request.

DIETARY INFORMATION: Please list any and all dietary requirements or constraints that you might have.

Applicant shall be advised that WA will provide meals as outlined in WA's travel documents and / or literature specific to the Applicant's adventure. WA will work with the Applicant in order to provide for special dietary requirements, however such efforts shall merely be reasonable and WA is under no contractual requirement to provide such meals, supplements and / or any other nourishment in order to meet the Applicant's dietary requirements beyond that which is outlined in WA's travel documents and / or literature specific to the Applicant's adventure, such supplies subject to substitution.

Applicant is aware that they are responsible and shall incur any and all additional costs for the purchase, supply, transportation and preparation of any and all dietary supplies and requirements that are outside the scope of those outlined in WA's literature and / or travel documents specific to the Applicant's adventure.

Signature:

Date:

 MM

 DD

 YYYY

**PLEASE RETURN BY E-MAIL, FAX OR POST TO
OUR ADMINSTRATION OFFICE USING THE INFORMATION BELOW:**