



Custom and Scheduled birding and wildlife tours
www.paraguay-birding-nature.com

Paraguay Birding & Nature - Tour reservation form.

Code and full tour name (If it is a customized tour, indicate the date and attach the email with the agreed program):

Starting and Ending dd/mm/yy: Starting: __/__/__ Ending: __/__/__

Taking Tour Extension (if any): ☐ Yes ☐ No

Full extension tour or tours name (If more than one extension): _____

Name and Address of the Registrant(s) (only one form is needed for couples):

Name (1): Mr/Mrs/Ms _____ DOB: ____/____/____

Name (2): Mr/Mrs/Ms _____ DOB: ____/____/____

Address: _____

E-mail: _____ Telephone: Home (____) _____

Work (____) _____ Cell (____) _____

Emergency Contact: Name, Relationship, and Telephone

Number _____

Do you have traveler insurance? ☐ Yes ☐ No. Here you can place the information to contact your travel insurer in case you have any kind of emergency and need us to make contact with them to assist you.: _____

Have you traveled with PARAGUAY BIRDING & NATURE before? ☐ Yes ☐ No

How did you learn about PARAGUAY BIRDING & NATURE? _____

Reasons for choosing this tour (rate 1-5)

Location: _____ Dates: _____ Leader: _____ Reputation: _____ Price: _____

Other: _____

☐ I want a single room where available. A Single Occupancy Supplement fee will be assessed (see Paraguay Birding Tours Terms and Conditions Tours)

☐ I want to share a room. If no roommate is available, a Single Occupancy Supplement will be assessed.

I plan to share a room with _____

☐ I smoke. ☐ I do not smoke. ☐ I snore.

Do you have any disability or illness that might restrict your full involvement in any aspect of the tour, or of which we should be aware for your safety (e.g., walking difficulties, diabetes, asthma, angina, allergy)?



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☐ No ☐ Yes (please provide full details on a separate sheet)

If you have other special requirements (e.g., dietary restrictions), please advise us and we will do our best to accommodate you:

Day Month Year ____/____/____ Deposit Amount Enclosed: (corresponding to the first 25%, 50% or total of tour price per person) \$

(We may occasionally require additional deposits)

Payment Method:

Master Card / Visa: _____ or Bank Transfer: _____ Date: ____/____/____ (previously request our form for card payments or account number of our bank to make the transfer and then please send us the copy of document)

IMPORTANT: Please read our Terms and Conditions Tours in the PARAGUAY BIRDING & NATURE website, including important information on payments, refunds, cancellations, and the way we run our tours. By signing this form, you are acknowledging that you have read and understand this material

Signature: _____ Date: _____

Please mail this reservation form and deposit(s) to:

Name (1) as It Appears on Passport: _____

Nationality & Passport Number: _____

Expiration Date: ____/____/____ Date of Issue: ____/____/____

Place of Issue: _____

Place of Birth: _____

Profession (if retired, former profession): _____

Name (2) as It Appears on Passport: _____

Nationality & Passport Number: _____

Expiration Date: ____/____/____ Date of Issue: ____/____/____

Place of Issue: _____

Place of Birth: _____

Profession (if retired, former profession): _____