



# Kilimandscharo Active Tours

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## BOOKING FORM

### CLIENT INFORMATION: INTERNAL USE ONLY

**(Each member in a group must complete a separate client information form)**

BOOKING NAME/ TRIP LEADER	
AGENT NAME	
NUMBER OF PAX	
NAME IN FULL	
ADDRESS	
CITY, STATE, ZIP	
COUNTRY	
PHONE NUMBER	
EMAIL	
DATE OF BIRTH	
SEX (M/F)	
CITIZENSHIP	
PASSPORT NUMBER	
EXPIRATION DATE	
EMERGENCY CONTACT	
HOW ARE YOU RELATED TO EMERGENCY PERSON	

Please complete the form and return it by email to Kilimandscharo Active Tours or to the person who gives it to you. (Manager/reservationist/ officer).

***THANK YOU FOR CHOOSING US***