



Go Native America

DAY TOURS BOOKING FORM 2010

Mr./ Ms Mrs/ Dr	First Name	Surname	Date of birth	Occupation	Nationality	Passport # (non-US citizens)	Expiry Date

BOOKING MADE BY:

NAME: _____

ADDRESS: _____

POSTCODE/ZIP _____

PHONE (HOME) (CELL) _____

EMAIL ADDRESS _____

Declaration: On behalf of all persons on this booking form, I have read, understood and accepted the Day Guiding booking conditions and itinerary provided by Go Native America. I am duly authorized to make this agreement. To the best of my knowledge, no person will be traveling against medical advice. I am over 18 years.

Signed:	Name:	Date:
Day Tour 1 _____	_____	Date _____
Day Tour 2 _____	_____	Date _____
Day Tour 3 _____	_____	Date _____
Day Tour 4 _____	_____	Date _____
Day Tour 5 _____	_____	Date _____
Day Tour 6 _____	_____	Date _____
Day Tour 7 _____	_____	Date _____

I understand this tour does not include hotel tariffs, meals, or car rental fees & associated costs, and that the cost involved in this tour is solely for GNA guiding services.

If submitting this form by email attachment please also put the wording of the above declaration in the body of the email to us.

