

Application / Personal Information Form

COURSE/EXPEDITION NAME: _____

PROGRAM START DATE (DD/MM/YY) : _____

TITLE	SURNAME (AS SHOWN ON PASS- PORT)	GIVEN NAME/S (AS SHOWN ON PASS- PORT)	PASSPORT NUMBER	NATIONALITY OF PASSPORT

PERSONAL DETAILS

Name by which you wish to be known (if other than above) : _____

Age: _____ Date of birth: _____ Profession: _____

Height: _____ Weight: _____ Nationality: _____

Street Address: _____

Street Address 2: _____

City: _____ Region: _____

Post/Zip Code: _____ Country: _____

Home phone: _____ Work phone: _____

Mobile Phone: _____ Fax: _____

Email: _____ Website: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Country: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Email: _____ Fax: _____

Cold Weather Experience

Please describe your level of outdoors/adventure experience:

Please describe your level of fitness:

Why are you interested in undertaking this course/expedition?

Do you have any special food requirements?

SIGNED: _____

DATE: _____

Parent or Guardian must also sign this form if participant is under age of majority. (18 years in most countries).

SIGNED: _____

RELATIONSHIP TO APPLICANT: _____

DATE: _____

PRIVACY

We respect the privacy of our clients. The information you provide will only be used for the purposes specified above and for our own internal statistics. Expeditions 365 may keep your contact details on file for a reasonable period of time in case you wish to travel with us again.

Please indicate if Expeditions 365 may use your contact details for sending you our own information in the future. We will not pass your personal information to other companies or agencies.

Yes

No

Expeditions 365

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