



BOOKING FORM

FULL NAME:

MAIL ID:

PHONE NO:

CITY: STATE:

COUNTRY:

GENDER: MALE FEMALE

DATE OF BIRTH:

TOUR TYPE: TREKKING RAFTING MOTORCYCLE SUV

TOUR NAME:

TRAVEL START DATE :

TRAVEL END DATE:

TRAVELER TYPE: RIDER PILLION

PREVIOUS RIDING EXPERIENCE:

MEDICAL HISTORY: YES NO



IF YES PLEASE SPECIFY:

ALLERGIC TO:

EMERGENCY CONTACT DETAILS:

NAME:

CONTACT NO:

RELATIONSHIP:

SPECIAL DIETARY REQUIREMENTS:

SPECIFIC REQUIREMENTS/ADDITIONAL REQUESTS:

WHERE DID YOU HEAR ABOUT US:

.....
Name:
Karma Yatri

.....
Name:
Customer