



The Lost World, Ltd.

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When you sign this booking form you agree to accept all Lost World booking conditions and when we accept your booking we agree to carry out our obligations to you as defined in **LOST WORLD BOOKING INFORMATION & CONDITIONS** pages. PLEASE PRINT IN CAPITALS

TRIP(S) SELECTED _____	
REF. #	DEPARTURE DATE _____ 201__
Full name(s)	1. _____ 2. _____
Male/Female	
Address <input type="checkbox"/>	
Home and work <input type="checkbox"/>	
Occupation	
Nationality	
Date of birth (DD.MD.YYYY)	
Passport No.	
Place and date of issue	
Expiry date	
Name of person to be contacted in case of emergency <input type="checkbox"/>	
EUR 100 discount for previous 'members' or booked 6 months in advance (name trip)	Please tell us how you heard about us
Are you a vegetarian or have other special dietary needs?	Physical / mobility restrictions
*You MUST be insured!	<input type="checkbox"/> Insurance company name
<input type="checkbox"/>	Number of policy
Tick if you wish to hire sleeping bag and mattress EUR 40	Tick if you wish to hire a single tent at EUR 60

I have read the booking conditions of the Lost World, Ltd and agree to abide by them.

* WE WILL NEED A PHOTOCOPY OF THE POLICY, WHICH YOU HAVE TAKEN OUT.

1. Signature (required) _____ Date _____

2. Signature (required) _____ Date _____

Your notes to us: _____