





TOUR BOOKING FORM

PERSONAL INFORMATION:			
Full Name (As per passport):			
Age:years	Sex: M/F	Profession: .	
Passport No:	Date of Issue:		Valid till:
Name of Father/ Mother/Guardians	:		
Name of Spouse (Husband/ Wife):			
Address:			
Telephone: Office:	•••••	Home:	
Mobile:	Email:		
IMMEDIATE CONTACT (in case of	of emergency):	-3	
Name of the Person:			
Address:		Relat	ion:
Phone: Mobil	l e:	Alternative I	No.:
MOST IMPORTANT MEDICAL I	NFORMATION/	MEDICATION D	ETAILS:
a			
b			
Declaimer: I am interested to join in your regular. Mt. Kailash via Lhasa Tour / Mt. Kail from Kathmandu on	ash Inner Kora on t & final departure g charge US \$ 500.0	ny own decision wh from Kathmandu or 00 / INR 25,000/- by	tich is scheduled to departure 1here by 1 cash/ Bank transfer /cheque 1
I am fully aware about the landscape & yatra. I am traveling on my own decisi paid in case of any problem – flight cance control of Fishtail Group or its associated	ion with aware of ab cellation due to bad w	out the duration of y	uatra and additional cost to be
			Sionature