

## KL Trekking Trip Application 2009

Fill out and send us the following form below by fax to 56-2-2174684

I read and I accept KL Expeditions Policy

Signature: \_\_\_\_\_

### 1. YOUR DESIRE PROGRAM

Patagonia

Torres del Paine Classic W Trek

Torres del Paine Full Circuit

Torres del Paine & Fitz Roy

Atacama

Easter Island

Aconcagua South Face

Other \_\_\_\_\_

Trekking code & date: \_\_\_\_\_

### 2. CLIENT INFORMATION

Full Name (Mr. Mrs. Miss) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phones Home # \_\_\_\_\_ Mobile # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Passport N° \_\_\_\_\_ Issue date \_\_\_\_\_ E xpire date \_\_\_\_\_

Nationality \_\_\_\_\_

Age \_\_\_\_\_ Date of birth    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_ Blood group / Rhesus factor: \_\_\_\_\_

### 3. CONTACT IN CASE OF EMERGENCY

Name

Phone    Home        Mobile   

Relation   

Email   

Address

City

State        Zip Code   

Country

### 4. MEDICAL INFORMATION

Known allergies or incapability's:  Yes  No

Previous important medical problems & history:  Yes  No

Emergency medicine for known problems:  Yes  No

Any disability or problem KL needs to know :  Yes  No

#### 4. TREKKING

4.1 Please specified clearly year, trekking routes, maximum trekking hours achieve, company & guide who did you participate with.

## 4.2 Skills & Interests

## 5. SPECIAL REQUIRMENT

Diet Special Requirement  Yes  No

Single Room Hotel Reservation. **Note:** *Single supplement concern ONLY hotel booking and NOT the single tent use during the trekking programs. Please contact us in case you desire a single tent supplement all time.*

Trekking Equipment  Yes  No

	Size	🔊 Product	US \$
<input type="checkbox"/>		Tents: North Face - Mountain Hardware Marmot	150
<input type="checkbox"/>		Internal frame Backpack (50 liters)	100
<input type="checkbox"/>		Sleeping bag -11 degrees C with silk liner	100
<input type="checkbox"/>		Gaiters	20
<input type="checkbox"/>		Crampons compatible with your boots	50
<input type="checkbox"/>		Harness	30
<input type="checkbox"/>		Trekking adjustable ski poles	50
<input type="checkbox"/>		Ski Goggles	25
<input type="checkbox"/>		Duffel bags (120+ liters)	30
<input type="checkbox"/>		Other not listed	

KL Expeditions strongly recommends that you sign up for a Global Rescue membership for the length of your trip. Global Rescue is a medical evacuation provider that is capable of rescuing you from our remote locations and bringing you back to your home country hospital of choice. Their phones are staffed 24/7 by paramedics which are backed by over 2400 specialists from Johns Hopkins Medicine.

For more information and to receive a 10% discount upon signing up, visit [www.globalrescue.com/kl](http://www.globalrescue.com/kl).

KL Expeditions strongly recommends that you sign up for a Travel Insurance with Travel Guard.

Inform you about their policy on: [www.travelguard.com](http://www.travelguard.com)

## 6. PAYMENT PROCEDURES

Deposit US\$ \_\_\_\_\_  Total Balance US\$ \_\_\_\_\_

Payment Method

a) **Credit Card:**

Visa    Master    Amex

Credit Card # \_\_\_\_\_ Expire: \_\_\_\_\_

CVV Code: \_\_\_\_\_

I authorize KL EXPEDITONS to debit my credit card of: \_\_\_\_\_ US \$

Signature : \_\_\_\_\_

b) **Check to KL EXPEDITONS:**

### **Mailing Address**

Augusto Mira Fernandez # 14248

CP 7591409 - Las Condes - Santiago - Chile.

**c) Wire transfer to**

Bank: WELLS FARGO BANK, NA

420 Montgomery , San Francisco, CA 94104

Telephone: (307)733-7377

Account#: 33490 15390

Name of Account: KL ADVENTURE USA / Joaquin Oyarzun

Routing # or ABA #: 121 000 248 - Swift Code # WFBIUS6S

**7. HOW DID YOU LEARN ABOUT KL ADVENTURE**