

# Camilo Romero Basurto Outdoor Reservation Form



Tour: \_\_\_\_\_ Code # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

The travelers. (Last name, first name)	Male Female	Room Single Double	Birth date MM/DD/YY	Height	Weight	Special Diet							Need to rent equipment
						Allergies	Medical cond.	Excellent	Good	Moderate	Poor		
1.													
2.													
3.													
4.													

\*Unfortunately we are not able to offer our horse services to people above 200 Lbs.

Special Diets: \_\_\_\_\_  
 How often do you exercise? \_\_\_\_\_ Describe your experience \_\_\_\_\_  
 Have you been in another outdoor trip. Yes \_\_\_ No \_\_\_ Last trip when? \_\_\_\_\_ Trip \_\_\_\_\_  
 We offer transfer from the local airport, I would like the transfer to be included. Yes \_\_\_ No \_\_\_  
 In an emergency, name and phone number of contact: \_\_\_\_\_

Attention: Please, if there is more than one participant, all have to sign the reservation form - make copies if needed

With my signature I confirm my reservation of the listed program(s) under the **CAMILO ROMERO BASURTO Booking Conditions.**

For future reference in this document (**CRB**)

I'm aware, and I made all participants aware of the risk involved with these outdoor adventure activities. All participants have read and agree with the CRB Booking Conditions and the **CRB** Recreational Activity Release and Indemnity Agreement in this brochure or as listed on the Internet.

I (we) will sign and forward the Recreational Activity Release and Indemnity Agreement at least 10 weeks before trip starting date.

**Last Name and First Name (The Traveler):** \_\_\_\_\_

**Street** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Postal/Zip Code** \_\_\_\_\_

**Phone Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature (mandatory)** \_\_\_\_\_

**CAMILO ROMERO BASURTO** EDEN #10, SUITE 402, COLONIA LAS AGUILAS, DELEGACION ALVARO OBREGON, ZIP CODE 01710. MEXICO CITY.

**TAX ID:** ROBC670524QR2 \*LEGAL PHYSICAL PERSONALITY WITH BUSINESS ACTIVITY.

**Phone:** 5255 5593 7175 **CEL:** 52 5519078766 **WHATSAPP:** 52 5519078766

<p><b>Travel Cancellation Insurance</b> <small>(Payment required)</small></p> <p>Sign me(us) up ___ initial _____</p> <p>No, we will provide our own ___ initial _____</p>
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