

Reservation Form

Please print or type all information and send this application with your deposit to James Henry River Journeys.

James Henry River Journeys/ Wilderness Journeys

Box 807, Bolinas, CA 94924

OFF: (415) 868-0585 e-mail: jhrj@riverjourneys.com

The Reservation Form and Release of Liability & Assumption of All Risk must be completed, signed, and returned as soon as possible to secure your space, even if you have already charged your deposit by phone. For two or more adult participants, please fill out one application for each person.

Applicant's Name(s) (As it appears on your passport)

Occupation:

Address:

City/State/Zip:

Phone: (Home)

(Cell)

(Office)

E-mail address: (Primary)

(Secondary)

Previous JHRJ/WJ client: Yes No

Most recent trip:

Name of Trip:

Departure Date:

2nd Choice Trip:

Departure Date:

No. of Adults:

Ages:

No. of Youths:

Ages:

Adult Weights*:

Heights:

Youth Weights:

Heights:

*For safety and logistics reasons (lifejacket sizing and for weights in bush planes), it is very important to specify weights.

Adult Fare: \$

Youth fare: \$

Amount enclosed: \$

I wish to charge the Deposit for the Trip on:

Visa

Mastercard

Card#:

Exp. Date:

3 No. Security Code-back of card:

In Case of Emergency please notify:

Name:

Phone: (day)

(eve)

Address:

Relation:

Trip Cancellation and Travel Insurance

The deposit for your trip includes both a deposit for the land cost and full payment for trip cancellation and travel insurance. Please see the accompanying "About Our Trips" supplement for the exact cost and details of this insurance. If you choose not to accept this insurance, the entire deposit will be credited toward the trip land cost.

I accept the trip cancellation and travel insurance as offered.

I decline the trip cancellation and travel insurance as offered.

James Henry River Journeys/Wilderness Journeys
Box 807 ♦ Bolinas, CA 94924
(800-786-1830 ♦ (415) 868-0585 ♦ FAX: (415) 868-0585
www.riverjourneys.com ♦ email: jhrj@riverjourneys.com

Please include the following if you are joining an Alaskan Tatshenshini Trip only

Marital Status:	Sex:	Age:	Height:	Weight:
Passport No.:	Place of Issue:	Date of Issue:		
Expiration Date of Passport:	Birthplace:	Birthdate:		
Citizenship:	Occupation:			

Hotel Accommodations

- I am willing to share a double room I wish to share with: (name) _____
- I prefer to room with a smoker with a nonsmoker either
- I prefer a single room and tent (if available) and will pay the extra supplemental cost

Describe your health (any special considerations, dietary restrictions, special medications or other personal needs):

Describe in detail your previous outdoor experience (i.e., rafting, trekking, backpacking) and indicate any previous trips taken with us:

Please indicate briefly your own reasons for going on this trip:

Please list any additional information about yourself that might be helpful in conducting this trip:

I discovered Wilderness Journeys/James Henry River Journeys through:

- Word of mouth Slide talk Advertisement in _____
- Catalogue Magazine Article or newspaper in _____
- Internet Search Travel Agent No idea Other _____

I have the following friends who would enjoy receiving your catalog:

Name:	Address:	
City:	State:	Zip:
Phone: (home)	(cell)	E-Mail:
Name:	Address:	
City:	State:	Zip:
Phone: (home)	(cell)	E-Mail: