

Client Information

General Information: Passenger 1

LAST NAME

FIRST NAME

E-MAIL ADDRESS

PHONE NUMBER

ALTERNATE PHONE NUMBER

STREET ADDRESS

CITY, STATE

ZIP CODE

COUNTRY

Special requests: Please indicate here if you have any specific physical needs and/or dietary restrictions.

General Information: Passenger 2

LAST NAME

FIRST NAME

E-MAIL ADDRESS

PHONE NUMBER

ALTERNATE PHONE NUMBER

STREET ADDRESS

CITY, STATE

ZIP CODE

COUNTRY

Special requests: Please indicate here if you have any specific physical needs and/or dietary restrictions.

Emergency Contact Information

_____ LAST NAME	_____ FIRST NAME	_____ RELATIONSHIP
_____ E-MAIL ADDRESS	_____ PHONE NUMBER	
_____ STREET ADDRESS	_____ CITY, STATE	
_____ ZIP CODE	_____ COUNTRY	

Passport Information: Passenger 1

Please list your name as it appears on your passport only.

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME
_____ PASSPORT NUMBER	_____ NATIONALITY	
_____ DATE OF BIRTH (MM/DD/YY)		
_____ DATE AND PLACE OF ISSUE	_____ EXPIRATION DATE (MM/DD/YY)	

Passport Information: Passenger 2

Please list your name as it appears on your passport only.

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME
_____ PASSPORT NUMBER	_____ NATIONALITY	
_____ DATE OF BIRTH (MM/DD/YY)		
_____ DATE AND PLACE OF ISSUE	_____ EXPIRATION DATE (MM/DD/YY)	

Hotel Information

- I wish to share a room with _____
- I will require single accommodations and understand that this will require an additional \$2,450 for this single supplement.
- I wish to book a room upgrade at an additional cost (to be determined).

Payment Information

There is a nonrefundable deposit of US\$750.00 per person required to guarantee your place on the tour. Please see our **Terms and Conditions** for more information.

Payment type

- Check (to Kilachand and Karp) I have enclosed check here.
- Wire Transfer
- Paypal or Credit Card (an additional 2.9% + 0.30 fee will apply)

Travel Information

Have you ever traveled in India before? If yes, when and where?

By signing below, I confirm that the information given in this form is true, complete and accurate.

PRINT NAME

DATE (MM/DD/YY)

SIGNATURE

Please mail completed form and any additional materials to:

Karen Karp
822 Greenwich Street
New York, NY 10014

Alternatively, you can email the forms to info@kilachandandkarp.com but keep in mind that email is not necessarily a secure mode of communication.