



Pre-departure Form

Name as appears on Passport you'll travel on DOB

Project Destination 1 Start/end date

Project Destination 2 Start/end date

Adventure Start/end date

Travel Insurance
Company name Type of cover

24hr emergency tel no Policy no

Passport
Passport number Date of Issue

Nationality Date of Expiry

Flights

Departure Date Airport Time Flight No

Connections Date Airport Arr time Dep time

Arrival Date Airport Time Flight No

(Peru only) Date Airport Time Flight No

Cuzco

Return
Departure Date Airport Time Flight No

Your contact details

Phone:

Mobile:

Email:

Next of Kin Contact

Name:

Phone:

Mobile:

Email:

Special dietary requirements/food allergies?
YES/NO, details

Current medication/Anti-Malarials (if applicable)
YES/NO, details

Any medical conditions we should be aware of?

Important – Please ensure the above info is correct including passport, flights, travel insurance, medical, & dietary requirements. Any other info please put on the back of your form.

Please sign:

Date: