



Riders Information Form

The information is strictly confidential and will be used by GoodTime Xtreme Tours only in case of emergency.

NAME (as it appears on passport)		
STREET ADDRESS		
CITY	COUNTRY	
PASSPORT #	EXPIRATION (month/day/year)	
PHONE(h)	PHONE(m)	
E-MAIL		
MEDICAL CONDITIONS		
ALLERGIES		
DIETARY RESTRICTIONS OR VEGETARIAN MEAL REQUEST		
HEIGHT (cm)	WEIGHT(kg)	BLOOD GROUP
EMERGENCY PHONE		EMERGENCY CONTACT
RIDING LEVEL	Beginner <input type="checkbox"/>	Tourist <input type="checkbox"/> Hobby <input type="checkbox"/> Expert <input type="checkbox"/> Pro <input type="checkbox"/>
TRIP ACCOMMODATIONS	SMOKER	YES <input type="checkbox"/> NO <input type="checkbox"/>
I will share accommodations with:		
Date	Signature	

Insurance

Every rider with GoodTime Xtreme Tours must be covered by travel related personal medical insurance. If you choose to decline this protection, you are assuming any financial loss associated with your travel arrangements.