

Passenger Information Form  
**M/Y ERIC / FLAMINGO I / LETTY**

*Please complete this form and return it to Galapagos Network 60 days prior to your departure by e-mail or fax. Galapagos Network will not be able to issue final documents until this form is received*

**Fax (305) 262 -9609 or e-mail: info@galapagosnetwork.com**

*Please complete a separate form for every two travelers. All information provided will be held in confidence and released only to the appropriate individuals.*

Cruise date: \_\_\_\_\_

Full name as it appears on passport _____ Please mark with an (X) Male _____ Female _____
Mailing address _____
Telephone/ email address: _____
Passport number _____ Expiration date _____ Nationality: _____
Date of Birth _____ Are you celebrating any special event during your trip? _____
Dietary requirements (if any) _____
Allergies or medical conditions _____

Full name as it appears on passport _____ Please mark with an (X) Male _____ Female _____
Mailing address: _____
Telephone/ email address: _____
Passport number _____ Expiration date _____ Nationality: _____
Date of Birth _____ Are you celebrating any special event during your trip? _____
Dietary requirements (if any) _____
Allergies or medical conditions _____

Hotel accommodation in Ecuador (pre cruise) \_\_\_\_\_

Tour Company providing services in Ecuador \_\_\_\_\_

Arriving Flight to Ecuador : \_\_\_\_\_

Departing Flight from Ecuador: \_\_\_\_\_

Please include dates, routing and schedule times (ex: 15MAR MIAUIO 10:15PM)