

KILIMANJARO CLIMBING DETAILS FORM

COMPANY NAME:

CLIMBER INFORMATION

Climbing Date:		Chief Guide's Name	
Climbing Duration:		Mobile:	Climbing Route:

S/N	Name	Occupation	Nationality	Age	Passport No.	Any Allergy	Signature
01.							
02.							
03.							
04.							
05.							
06.							

INSURANCE DETAILS

S/N	NAME USED	INSURANCE COMPANY	POLICY No.	INSURANCE CONTACTS	
				E-mail	Contact No.
01.					
02.					
03.					
04.					
05.					
06.					