



Trip Application

Name _____

Male Female

Trip and start date _____

Nationality _____ Passport _____

Address and Country _____

Telephone _____ E.mail _____

Age _____ Height _____ Wheight _____

Occupation _____

Born Date (YY/MM/DD) (/ /)

IN CASE OF EMERGENCY NOTIFY :

Name _____

Telephone _____ E.mail _____

HEALT AND FITNESS :

I run without problems: 30min. 45min. 1hour More
 I can carry easily back pack (5kg) over : 3 hrs 4hrs 5hrs More
 Excercise activity : Running Cycling Ski Touring Mountaineering

Do your have any allergies? if yes, explain _____

Are you taking medication? Explain _____

Knee problems Back problems Circulation problems Diabetes Blood presure Asthma
 Ancle problems Epilepsy Respiration problems Other _____

If you mark avobe, please explain _____

OUTDOOR EXPERIENCE :

Mountaineering: above 3.000m. above 4.000m. above 5.000m. above 6.000m.
 Climbing: Ice Glacier Rock
 Trekking: Day trip over 2 days over 4 days over 7 days

Other Outdoor experience _____

I DO NO EAT :

Meat	●	Coke or similar	●	Bread	●	Te	●
Milk	●	Beer	●	Fruits	●	Sugar	●
Oat	●	Wine	●	Powder Juice	●	Coffee	●
Cereal	●	Fish	●	Chocolate	●	Peanuts	●
Flour	●	Pork	●	Cheese	●	Candy	●

Others _____

RENTAL :

I need to rent (please, size number) :		USD\$ per day		USD\$ per day
SLEEPING BAG (TREKKING)	●	5	DOWN JACKET	● 7
SLEEPING BAG (MOUNTAINERING)	●	7	MOUNTAINEERING PLASTIC BOOTS	● 6
MATTREST (provided in Torres del Paine)	●	3	DUFFEL BAG	● 2
CRAMPONS	●	5	HEAD LAMP	● 2
ICE AXE	●	4	TREKKING POLES	● 2

EXTRAS :

Fee supplement single room	●	90	Per night
Fee supplement single trekking Tent	●	40	Per night
Porter for carry part of my things:			
Porter for trekking trips	●	80	Per day porter
Porter for mountaineering trips	●	130	Per day porter
Aconcagua Porter	●	170	Per day porter

Signature _____ Date _____

Andes Mountain Expediciones
Santiago - Chile
www.andesmountain.cl andes@andesmountain.cl

