*Revised January 2018*

# RESERVATION FORM

**EXPLORER VENTURES**
LIVEABOARD DIVING FLEET

*Please take a moment to fill out this form, sign at the bottom, and return it to us with your deposit.*

**1)**

| | | Passenger Names | Cabin Request |
|---|---|---|---|
| **Vessel:** | | | |
| **Departure Date:** | | | |
| **Contact Name:** | | | |
| **Contact Email:** | | | |
| **Fax number:** | | | |
| **Contact Phone:** | | | |
| **# Passengers:** | | | |

**2) If you plan to make any of your trip payments via credit card, please fill in the following:**

| **Credit Card Number:** | | | | | | | | | | | | | | | | | | **EXP** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Cardholder Name:** _____ **Cardholder Signature:** _____

**Billing Address for Credit Card (including ZIP Code):**_____

○ ***Please automatically charge the final balance due on this reservation to this credit card 60 days prior to departure (90 days for Galapagos, Maldives & Indonesia).***

○ ***I will forward payment via another method prior to 60 days before departure (90 days for Galapagos, Maldives & Indonesia).***

**3) Booking Terms** - Please note that, given our limited passenger capacity, we must adhere to our published cancellation and change fees in order to maintain our reasonable vacation cost. We thank you in advance for your understanding!

Explorer Ventures (USA) Ltd. retains the right at its sole option to assess a $25 per berth fee for payments received more than 7 days after the due date, or to cancel any non-current reservation and retain any cancellation penalties due.

**4) Diving Accident Insurance** - Diver's Alert Network (DAN) insurance is strongly recommended for all destinations and is required for all passengers diving in the Galapagos, Maldives or Indonesia. Please visit our website for further information and to arrange for this insurance prior to arrival.

**5) Travel Insurance -** We urge you to consider purchasing travel insurance for your trip. In order to maintain our reasonable cost and high level of service, we do not automatically insure your trip against the adverse affects of inclement weather or other factors beyond our control. Your holiday represents a very large investment, and unforeseen circumstances such as injury or sickness, airline strikes, and family emergencies can easily affect your ability to travel. Please visit our website or contact your travel agent for further information on your travel insurance options.

○ ***I will make my own travel insurance arrangements (further information on options is available on our web site)***

○ ***I do not plan to purchase travel insurance, and accept the risk to my vacation investment.***

**6) Medical Issues** – You should confirm well before your scheduled departure date that any medical condition that you may have, or any medications which you may be taking, are not contraindicated for diving.

| Your Reservation Number: | |
|---|---|

**Your Signature:** _____ **Date:** _____

**Thank you for choosing to travel with Explorer Ventures - We look forward to welcoming you aboard!**

**PO Box 310, Mills, WY 82644 USA; US/Canada 800.322.3577; Outside US/Canada +1.307.235.0683; FAX +1.307.235.0686**

**EXPLORER VENTURES (USA) LTD.**

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