

**RESERVATION TRAVEL DOCUMENT**  
**Guaria de Osa Wilderness Discovery Centre**

\* \* \* \* **Part One** \* \* \* \*

**Today's Date** \_\_\_\_\_, 200\_\_\_\_\_

**Print Full Name** (as it appears in your passport) \_\_\_\_\_

**Signature** \_\_\_\_\_

**Your Contact Info:**

**Telephone:** home # \_\_\_\_\_ cell # (if applicable) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Reserved Dates** (month) \_\_\_\_\_ (dates) \_\_\_\_\_ until \_\_\_\_\_, 200\_\_\_\_\_

**Intention of your visit to Guaria de Osa** \_\_\_\_\_

Are you coming as an Independent Traveler? \_\_\_\_\_

If so, who will be traveling with you? \_\_\_\_\_

Are you coming for a retreat/workshop? \_\_\_\_\_

If so, please write name of your group leader(s)? \_\_\_\_\_

Are you coming as a volunteer? \_\_\_\_\_

If so, who will you be volunteering with? \_\_\_\_\_

**How did you hear of us at Guaria de Osa?** \_\_\_\_\_

**Passport Information**

Number \_\_\_\_\_ Expiration Date (month, year) \_\_\_\_\_ Nationality \_\_\_\_\_

**International Flight Arrival**

Date \_\_\_\_\_ Time \_\_\_\_\_ (AM or PM)

Airlines \_\_\_\_\_ Flight Number \_\_\_\_\_

Flying into Costa Rica from which connecting airport? \_\_\_\_\_

**International Departure**

Date \_\_\_\_\_ Time \_\_\_\_\_ (AM or PM)

Airlines \_\_\_\_\_ Flight Number \_\_\_\_\_

**Emergency Contact Person**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Costa Rica domestic flight information**

What date do you wish to fly from San Jose to the Osa Peninsula? \_\_\_\_\_

What date do you wish to fly from the Osa Peninsula to San Jose? \_\_\_\_\_

**Nature Air Information**

Date and time and confirmation code for each leg of your trip:

Day 1: \_\_\_\_\_ Last day \_\_\_\_\_

**\* \* \* \* Part Two \* \* \* \***  
**Health Information**

**Medical/Evacuation Insurance Information**

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please list any food allergies/sensitivities.

\_\_\_\_\_

Have you been under the care of a medical doctor or hospitalized during the past two years? \_\_\_\_\_.  
If so, for what reason(s)

\_\_\_\_\_

Please let us know if you have any specific health problems, chronic or otherwise,  
that require the attention from the Guaria de Osa staff. Please be specific:

\_\_\_\_\_

Are you taking allopathic medications?  
If you think it is important for the Guaria de Osa staff to know,  
please list the reasons why you are taking the medication(s)  
because, although we probably won't know what the prescriptions are for,  
we can be attentive to your needs ... if you think it is important for the staff to know.

\_\_\_\_\_

I hereby assert that I have answered all the above questions completely and have withheld no information.  
I take full responsibility, financial, and otherwise, for any medical attention I may need during this trip.

**\* \* \* \* Part Three \* \* \* \***

Date of Birth	Age
Marital Status	Number of Children
Height	Weight
Education	Profession

What is your dietary preference?

What is your alcohol consumption, if any?

Are you accident-prone?

How well can you swim?

Are you currently pregnant?                      If so, how many months?

What well can you speak and understand Spanish?

What are some of your interests/passions?

\* \* \* \*

Thank you! Gracias!  
Please keep a copy for your personal records.

\* \* \* \*

Address to Mail all 3 Travel Documents:  
Reservation, Release of Liability and Disclaimer/Safety Rules goes to:

Sentient Experienceals /Guaria de Osa  
PO Box 1004, El Cerrito, CA 94530