



PERSONAL INFORMATION

The information you provide is solely for the use of Esquel Outfitters to insure that you have a safe and enjoyable experience. Please take the time to complete this form so that we may better serve you, and have all pertinent information for contacts in the event of an emergency

LEGAL NAME _____

NICKNAME OR FIRST NAME _____

WOULD YOU LIKE OUR HELP IN ASSISTING YOU WITH THE PURCHASING OF YOUR ARGENTINA FLIGHTS, HOTELS OR TRANSFERS?

- HOTEL IN BUENOS AIRES B.A. TO BARILOCHE FLIGHT
- HOTEL IN BARILOCHE TRANSFER FROM B.A. INTL. TO DOMESTIC

WHOM TO CONTACT IN CASE OF EMERGENCY _____

RELATIONSHIP _____ PHONE _____

ACCOMMODATIONS SINGLE DOUBLE ROOMING WITH _____

ANY SPECIFIC DIETARY REQUIREMENTS? _____

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? YES NO

IF YES PLEASE EXPLAIN _____

ANY DIFFICULTY WALKING, WADING, OR GETTING OUT OF BOATS YES NO

IF YES PLEASE EXPLAIN _____

FISHING EXPERIENCE NOVICE INTERMEDIATE EXPERIENCED

PERSONAL TASTES

PLEASE CIRCLE ONE

RED WINE	MUST HAVE	ENJOY	DONT WANT	WALK/WADING	MUST HAVE	ENJOY	DONT WANT
WHITE WINE	MUST HAVE	ENJOY	DONT WANT	COCA-COLA	MUST HAVE	ENJOY	DONT WANT
BEER	MUST HAVE	ENJOY	DONT WANT	DIET COLA	MUST HAVE	ENJOY	DONT WANT
CIGARS	MUST HAVE	ENJOY	DONT WANT	TEA	MUST HAVE	ENJOY	DONT WANT
BEEF	MUST HAVE	ENJOY	DONT WANT	COFFEE	MUST HAVE	ENJOY	DONT WANT
CHICKEN	MUST HAVE	ENJOY	DONT WANT	INTERNET	MUST HAVE	ENJOY	DONT WANT