



## 2010 KILIMANJARO MARATHON ADVENTURE

Please complete the form below/one form per person. Send along with a copy of your passport Photo page (if you currently have your passport/ otherwise when you obtain passport send a copy).

Please make \$750.00 deposit check payable to:  
Marathon Adventures, 10361 Yates Drive North, Brooklyn Park, MN 55443.

Second Payment of \$1,500.00 due: December 31, 2009.  
Balance due: January 31, 2010 (final invoice sent by 1 Jan 2010)

Please Print:

Passport Name (first and last) \_\_\_\_\_  
Passport Name (first and last) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Flight Departure Home City \_\_\_\_\_ Email \_\_\_\_\_  
Passport Number \_\_\_\_\_ Country of issuance \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Passport Number \_\_\_\_\_ Country of issuance \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Emergency contact name and phone \_\_\_\_\_

OPTIONS:

**Safari and Marathon Only (\$3,925)** \_\_\_\_\_  
**Safari, Marathon & Climb (\$5,725)** \_\_\_\_\_

I have read and agree to the terms outlined under [General Conditions](#)

Signature(s) \_\_\_\_\_

Age on February 28, 2010 (race day) \_\_\_\_\_ Birthdate: Mo \_\_\_ Day \_\_\_ Yr \_\_\_\_\_

**Travel Protection Plan** Covers Trip Cancellation, Medical, Emergency Evacuation, Baggage.  
(must be paid within 21 days of deposit/pricing varies due to total tour program & age)

\_\_\_\_\_ Yes send insurance information \_\_\_\_\_ No not interested in insurance information

**Kilimanjaro Event:** Marathon Spectator (circle one)

**T-SHIRT:** S M L XL (circle one)

Marathon Adventures 866-753-2304 or 763-360-3810 [www.marathon-adventures.com](http://www.marathon-adventures.com)

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