

Return ASAP



LOS GAUCHOS OUTFITTERS

CUSTOMER DATA SHEET

Full Name:	Nickname:	
Mailing Address:		
City, State and Zip Code:		
Phone number(s) home:	cell:	business:
Email address:		
Emergency Contact Name:	Relationship:	
Emergency Contact phone number:		
Date of Birth: (mm/dd/year)		
Passport number:		
Expiration date:		
Special Dietary Requirements:		
Medical Conditions we need to be aware of:		
Signature:	Date:	
Your signature signifies your agreement to the Terms and Conditions of Los Gauchos Outfitters – Adobe Travel LLC.		

FAX back: (214) 231 2991 OR email to: susan@losgauchos.com