

Return ASAP
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Los Gauchos Outfitters CUSTOMER DATA SHEET

Full Name: First, middle, last		
Mailing Address: City, State and Zip Code:		
Phone number(s) home:	cell:	business:
Email address:		
Emergency Contact Name:		Relationship:
Emergency Contact phone number(s):		
Date of Birth: (mm/dd/year)		
Passport number: Please confirm country of Passport (if NOT USA):		
Expiration date of Passport:		
Special Dietary Requirements:		
Medical Conditions we need to be aware of:		
Signature:		Date:

Signature signifies your agreement to the TERMS and CONDITIONS of
Los Gauchos Outfitters – Adobe Travel LLC – www.losgauchos.com/forms