



# WILD EARTH JOURNEYS

## PILGRIM INFORMATION FORM

**“Pilgrimage To Mongolia, Acupuncturists Without Borders”  
World Healing Exchange Program with Photographer Thomas  
Kelly and National Geographic Expert Carroll Dunham  
July 27<sup>nd</sup>- Aug 14<sup>th</sup>, 2010**

Please complete this form and return it to us via scan, email, or faxing.

Email: [info@wildearthjourneys.com](mailto:info@wildearthjourneys.com), [carroll@wildearthnepal.com](mailto:carroll@wildearthnepal.com)

Fax: 977-1-4438883

Name as on passport last name, first name, middle initial Mr. / Mrs. / Ms. / Dr.

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Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Passport number: \_\_\_\_\_

Passport place of Issue: \_\_\_\_\_

Passport Date of Issue: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

Mailing address - please provide a street address, not a P.O. Box

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone day: \_\_\_\_\_

Telephone evening: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

One bed or two beds: \_\_\_\_\_

Smoking or nonsmoking: \_\_\_\_\_

Dietary restrictions-if vegetarian please be specific

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Allergies to medication or food

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Special events to be celebrated during the pilgrimage  
(e.g. anniversary, birthday)

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Occupation/Hobbies/Interests

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Reasons for joining this pilgrimage  
(please note any special interests related to this journey and retreat)

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Please List any special requests

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Thank you for taking the time to fill in this form. It helps us prepare for you as best we can. All this paperwork is really counterintuitive to pilgrimage, and we appreciate your patience.