

PERSONAL INFORMATION FORM

Tour name:

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____ Fax: _____

Emergency contact person (not traveling) Name, address, telephone number and email:

Special hotel accommodation needs: _____

Have you ever participated in group travel before? _____

Please rate your mobility by circling one: Excellent Fair Slow

Do you find stairs difficult? Yes / No _____

Food allergies/dietary restrictions: _____

Insurance (Health/Accident):

Please provide name of carrier, policy number and 24-hour emergency telephone number:

For International Tours only:

Traveler 1. Name on Passport: _____

Passport Number: _____ Date of Birth (mm/dd/yy): _____

Date & Place of Passport Issue: _____

Nationality: _____ Expiry Date (mm/dd/yy): _____

Traveler 2. Name on Passport: _____

Passport Number: _____ Date of Birth (mm/dd/yy): _____

Date & Place of Passport Issue: _____

Nationality: _____ Expiry Date (mm/dd/yy): _____

This information is confidential and will be held by the tour host.