

Application Form

Please provide passengers' names exactly as on valid passports

PASSENGER ①

LAST	NAME									
FIRST	NAME									
MIDDLE	NAME									
DATE O (MM/DE	F BIRTH D/YYYY)			Gend	ler		Citizenship			
PASSPORT NO. DATE OF EXPIRY (MM/DD/YYYY)										
E-MAIL	ADDRESS									
PHONE	NUMBER									
HOME	ADDRESS									
AIRLINE INFORM	MILEAGE MATION	AIRLINE				ACC NO				
GLOBAL or TSA	ENTRY NUMBER									
EMERGENC NAME & RE										
EMERGENC PHONE I	Y CONTACT NUMBER									
	Y CONTACT									
	DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?									
IF YES, I	PLEASE E	XPLAIN								
		MAJOR MEDIC PARTICIPATE		_	_		_	OUR		
Please disclose	significant medi	ical issues in advand	e to help en	sure smoo	th tou	r operation for a	all customers			
TOUR PKG TYPE: WITH GRP AIRFARE LAND PKG ONLY										
SURVEY										
How did you find out about our tour? Please check all that apply.										
	Star Advertiser	☐ New	vsletter		l	nstagram		Website		
	Store Flyer		Friend/Fa	-		Other:				



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PHONE	NUMBER									
HOME	ADDRESS									
AIRLINE INFOR	MILEAGE MATION	AIRLINE				ACC NO).			
GLOBAL or TSA					•					
	CY CONTACT									
	ELATIONSHIP CY CONTACT									
	NUMBER									
EMERGEN	CY CONTACT									
	MAIL									
		OOD ALLERO	SIES OR] Y	ES			NO
STRONG	FOOD PREI	FERENCES?								
IF YES,	PLEASE E	XPLAIN								
		MAJOR MEDIC							OUR	
ABILITY 1	TO SAFELY	PARTICIPATE	IN THE	TOUR? I	F SC), LIST B	ELOW	:		
Please disclos	se significant med	ical issues in advand	e to help en	sure smooth	tour o	peration for a	all custom	ers		
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			SU	RVEY						
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	CY CONTACT									
	ELATIONSHIP CY CONTACT									
	NUMBER									
EMERGEN	CY CONTACT									
	MAIL									
		OOD ALLERO	SIES OR] Y	ES			NO
STRONG	FOOD PREI	FERENCES?								
IF YES,	PLEASE E	XPLAIN								
		MAJOR MEDIC							OUR	
ABILITY 1	TO SAFELY	PARTICIPATE	IN THE	TOUR? I	F SC), LIST B	ELOW	:		
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PASSENGER (4)

		1 ACCE	INOLIN (/					
LAST NAME									
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MIDDLE NAME									
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PASSPORT NO.	DATE OF EXPIRY (MM/DD/YYYY)								
E-MAIL ADDRESS									
PHONE NUMBER									
HOME ADDRESS	,								
AIRLINE MILEAGE INFORMATION	AIRLINE			ACC N	١٥.				
GLOBAL ENTRY or TSA NUMBER				•	•				
EMERGENCY CONTACT NAME & RELATIONSHIP									
EMERGENCY CONTACT PHONE NUMBER									
EMERGENCY CONTACT E-MAIL									
DO YOU HAVE ANY F STRONG FOOD PRE		SIES OR			YES		NO		
IF YES, PLEASE E	XPLAIN								
DO YOU HAVE ANY I ABILITY TO SAFELY							OUR		
Please disclose significant med	lical issues in advand	e to help en	sure smooth	tour operation f	or all cus	stomers			
TOUR PKG TYPE: WITH GRP AIRFARE LAND PKG ONLY									
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