

Application Form

Please provide passengers' names exactly as on valid passports

PASSENGER ①

					_				
LAST	NAME								
FIRST	NAME								
MIDDLE	NAME								
	F BIRTH D/YYYY)			Gende	r		Citizenship		
PASSPOR	T NO.	DATE OF EXPIRY (MM/DD/YYYY)							
E-MAIL	ADDRESS								
PHONE	NUMBER								
HOME	ADDRESS								
AIRLINE INFORI	MILEAGE MATION	AIRLINE				ACC NO			
GLOBAL or TSA	ENTRY NUMBER				•				
	CY CONTACT								
	CY CONTACT								
PHONE	NUMBER								
	CY CONTACT								
	/AIL							ı	
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STRONG	FOOD PREI	ERENCES?							
IF YES,	PLEASE E	XPLAIN							
		AJOR MEDIC						YOUR	
ABILITY TO SAFELY PARTICIPATE IN THE TOUR? IF SO, LIST BELOW:									
Please disclose	e significant medi	ical issues in advand	e to help en	sure smooth	tour	operation for a	ll customers		
TOUR PKG TYPE: WITH GRP AIRFARE LAND PKG ONLY					′				
			SU	RVEY					
How did you find out about our tour? Please check all that apply.									
	Star Advertiser	☐ Nev	vsletter		In	stagram		Website	
	Store Flyer		riend/Fa	-		Other:			



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PHONE NUMBER									
HOME ADDRESS									
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GLOBAL ENTRY or TSA NUMBER				•					
EMERGENCY CONTACT NAME & RELATIONSHIP									
EMERGENCY CONTACT PHONE NUMBER									
EMERGENCY CONTACT E-MAIL									
DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?									
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