

**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.***