

# PASSENGER DOCUMENTATION FORM

(One form for each passenger)

Please print or type and mail to us as soon as possible. Please fax a copy of this form to (858) 672-4505. The information requested is necessary for the tour credentials and overseas check -ins. This information will be kept strictly confidential.

NAME: (as it appears on your passport):

\_\_\_\_\_

Title	Last	First	Middle
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HOME ADDRESS: \_\_\_\_\_

Street Address	City	State	Zip
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HOME TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

Month	Day	Year	City	State	Country
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NATIONALITY: \_\_\_\_\_ IF NATURALIZED: \_\_\_\_\_

Date	Place
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PASSPORT NO: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ PLACE ISSUED: \_\_\_\_\_

*Note: If passport has not yet been received, please forward this information as soon as available.*

MARITAL STATUS:      SINGLE                  MARRIED                  DIVORCED                  WIDOWED

OCCUPATION: \_\_\_\_\_ NAME OF FIRM (Optional): \_\_\_\_\_

**Important!:** Do you have any physical limitations (hearing, eyesight, diabetes, medicine allergies, need a cane, wheelchair, or any other medical condition) that we should know about? If yes, please describe here (attach additional page(s) if required): \_\_\_\_\_

NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address	City	State	Zip
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YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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