

EuropeGrandTour 2012

ADULT PERSONAL INFORMATION:

Name _____ Street Add. _____
(as it appears on birth certificate or passport)

City _____ State _____ Zip _____ Phone (____) _____

Age: ____ Email: _____ Cell Ph. (____) _____

Date of Birth ____ / ____ / ____ Place of Birth (State or Foreign Country) _____ Sex ____
mon day yr

Please provide the phone number where a local contact (spouse, relative or friend) can be contacted in case of emergency while you are in Europe:

Name of Contact: _____ Phone: (____) _____

Passport #: _____ Place of Issue: _____

Issue Date: _____ Expiration Date: _____
(please write out) (please write out)

Roommate preferred (double occupancy): _____

Your Physician's Name: _____ Phone #: (____) _____

Do you mind rooming with a smoker? _____ Are you a strict (no meat) vegetarian? _____

List health-related problems, suggested emergency treatment & medicines: _____

Please provide **an extra pair of passport photos**. We scan this photograph for our data base (our way of getting to know you) and then carry these photos with us in Europe in case they are needed to acquire a replacement passport.