

CLIENT INFORMATION SHEET

Please provide information for each person on additional pages

Name: _____																
Address: _____																
Phone Number (s): _____	Email: _____															
Date & Place of Birth: _____																
Passport Number: _____	Expiration Date: _____															
In Case of Emergency Notify: _____																
General Health Conditions: _____																
Required Medication: _____																
Restrictions on Physical Activities: _____																
Food Preferences, Restrictions or Allergies: _____																
Travel Insurance Name of Insurer: _____ Address: _____ Phone: _____ Policy Number: _____ <input type="checkbox"/> <i>I have chosen not to purchase recommended travel insurance</i> _____ signature date																
Air Travel <table><thead><tr><th></th><th>Date</th><th>Time</th><th>Airlines</th><th>Flight #</th></tr></thead><tbody><tr><td>Arrival</td><td colspan="4">_____</td></tr><tr><td>Departure</td><td colspan="4">_____</td></tr></tbody></table>			Date	Time	Airlines	Flight #	Arrival	_____				Departure	_____			
	Date	Time	Airlines	Flight #												
Arrival	_____															
Departure	_____															
Any additional information we should know, comments or concerns: _____ _____																