

PASSENGER INFORMATION FORM

Please complete the information below and forward immediately to us.
One passenger information form per person. Final documents will be issued on receipt of this form.

RESERVATION NUMBER: _____ ATTENTION: _____

TOUR NAME: _____ DEPARTURE DATE: _____

(Please Type or Print) **PASSENGER INFORMATION**

NAME (As shown on passport): Mr. Ms. _____
First Middle Last

MAILING ADDRESS _____
Street City State Zip

TEL: Home:() _____ - _____ Alternate:() _____ - _____

FAX:() _____ - _____ Email: _____

ROOM TYPE: Twin(2 Beds) Double(1 Bed) SEAT PREFERENCE: Aisle Window Middle

MEAL PREFERENCE: Vegetarian _____ Non-Vegetarian _____ Other _____

While on this tour will you be celebrating a Birthday _____ or Anniversary _____ Date: _____

Please list your weight if your itinerary includes small aircraft transfers: _____ lbs

PASSPORT INFORMATION

BIRTH DATE: _____ PLACE OF BIRTH: _____

CITIZENSHIP: AMERICAN _____ OTHER: _____

PASSPORT NUMBER: _____ PLACE OF ISSUE: _____

DATE ISSUED: _____ DATE EXPIRES: _____

MEDICAL CONDITIONS & DIETARY RESTRICTIONS

Please list all medical conditions or problems and dietary restrictions that may inhibit your participation in any activities on this tour.

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME: _____ RELATIONSHIP: _____

TEL: Home:() _____ - _____ Business:() _____ - _____ Email: _____

Signature: _____ Date: _____



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We will never sell or distribute your personal information to third parties.

