

Blue Horizon Mailing Address: 12570 US Hwy 150 Orion, IL 61273 Ph: 309-526-3499

Personal Passenger Information (must be on file for each traveler) #1

(Your airline ticket must match your passport EXACTLY)

Passport **First Name:** _____ Passport **Number:** _____

Passport **Middle Name:** _____ Passport **Expiration Date:** _____

Passport **Last Name:** _____ **Date of Birth:** _____

Mobile phone while traveling: () _____ Phone's owner: _____

TSA Known Traveler # _____ Global Entry _____

Email_while traveling _____ @ _____ . _____

Bedding Preference: Twin or Full _____ Airline seating preference _____

Many airlines are charging extra for advance window & aisle seating

Emergency Contact

Complete Name: _____ Relationship _____

Street Address _____ City _____ State _____

Email: _____ @ _____ Cell phone: _____

Medical Information

Food Allergies or dietary restrictions- foods you cannot eat: _____

MedicalAlert/Equipment: _____

Mobility concerns (travel in Europe involves much walking on uneven surfaces) _____

Celebrations on tour

Birthday, Anniversary during tour: _____

Do you expect to leave tour for independent activities where you will miss a meal or hotel night?

Explain details: _____

Frequent Flyer #s(ex United Airlines MAxxxxxxx) _____

Signature _____

date _____

Blue Horizon mailing address: 12570 US Hwy 150 Orion, IL 61273 Ph: 309-526-3499

Personal Passenger Information (must be on file for each traveler) #2

(Your airline ticket must match your passport EXACTLY)

Passport **First Name:** _____ Passport **Number:** _____

Passport **Middle Name:** _____ Passport **Expiration Date:** _____

Passport **Last Name:** _____ **Date of Birth:** _____

Mobile phone while traveling: () _____ **Phone's owner:** _____

TSA Known Traveler # _____ Global Entry _____

Email_while traveling _____ @ _____ . _____

Bedding Preference: Twin or Full _____ Airline seating preference _____
Many airlines are charging extra for advance window & aisle seating

Emergency Contact

Complete Name: _____ Relationship _____

Street Address _____ City _____ State _____

Email: _____ @ _____ Cell phone: _____

Medical Information

Food Allergies or dietary restrictions- foods you cannot eat: _____

MedicalAlert/Equipment: _____

Mobility concerns (travel in Egypt involves much walking on uneven surfaces) _____

Celebrations on tour

Birthday, Anniversary during tour: _____

Do you expect to leave tour for independent activities where you will miss a meal or hotel night?

Explain details: _____

Frequent Flyer #s (ex United Airlines MAxxxxxxx) _____

Signature _____

date _____