

Domestic Trip Information Sheet

IMPORTANT: Please print your name EXACTLY as it appears on your drivers license or ID

INFO

YOUR INFORMATION:

Salutation: ___ First: _____ Middle: _____ Last: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Mobile: () _____ Email: _____

Date of Birth: ___/___/___ City, State, Country of Birth: _____

Gender: () MALE () FEMALE Height: _____ Weight: _____

ROOMING WITH:

Salutation: ___ First: _____ Middle: _____ Last: _____ Suffix: _____

HEALTH

General Statement of Health: _____

Medical or Dietary Restrictions: _____

Allergies (medications, foods, animals, or insects, etc.) _____

Current Medications: _____

Primary Care Physician: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Is there anything else you think we should know about your medical background? (Things that could affect your safety or ability to participate fully, i.e. recent surgery, orthopedic injuries etc.?)

EMERGENCY

Emergency Contact 1: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

Emergency Contact 2: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

PREFERENCE

We make every effort to accommodate preferences, but it is not always possible.

Lodging: () One Bed () Two Beds **Airline Seat (If applicable):** () Aisle () Window

Food Preferences (examples: Gluten Free, Vegetarian etc.) _____