

FOR OFFICE USE ONLY

Date received _____
 Date of trip _____
 Travel specialist _____

UNCHARTED OUTPOSTS

SAFARI & TRAVEL CO.

PERSONAL INFORMATION FORM

PERSONAL INFORMATION

 Name (as appears on your passport)

 Mailing Address

 City Zip

 Home Telephone Fax:

 Occupation

 Business Telephone ext.

 Business Fax

 Email Address

 Height Weight Age Birthdate M/F

PASSPORT INFORMATION

 Passport Number

 Nationality/Citizenship

 Date of Issue Date of Expiration

EMERGENCY CONTACT INFORMATION

 Name

 Relationship

 Telephone

 Address

 City Zip

Please describe your Health and Medical history: _____

Any other medical conditions we should be aware of: _____

Allergies or dietary restrictions (vegetarian?): _____

Please list any alcoholic preferences (local beer, wine, domestic spirits). *Please note that we will try our best to provide your drink of choice.*

Describe the nature and extent of your camping, hiking, horseback riding, or other outdoor experience: _____

Please list any special occasions while on your trip: _____

DOCTOR INFORMATION

 Name Address:

 Telephone: City: Zip: