

Emergency Contact Form:

PATHWAYS TO ADVENTURE TRAVEL

Travel Concepts International

CST # 2006081

5253 Bucks Bar Road

Placerville, CA 95667

530-622-9124 FAX: 530-626-0677

Mobile: 916-952-9124

pathways@starband.net



INFORMATION SHEET:

one per guest please:

NAME: (as it appears on Passport) _____ Date of birth: _____

Address: _____

Phone Numbers: home: _____ office: _____ FAX: _____

Mobile: _____ Email: _____

PASSPORT NUMBER: _____ city issued _____ Exp. Date _____

Country of Citizenship _____ **Must be current 6 months after you return.**

AIRLINE PREFERENCES:

Carriers: _____ Primary Departure City: _____

Frequent Flier Programs: Airlines: _____ Number _____

Airlines: _____ Number _____

Airlines: _____ Number _____

Seat references: [] window [] aisle [] center rows [] other _____

Any Special needs? Meals? Assistance? _____

Special Interests, Hobbies, Celebrating any Special Events? Please list: _____

EMERGENCY INFORMATION & CONTACTS:

Who should we contact in case of an emergency? _____

Relationship; _____ phone numbers _____

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Relationship; _____ phone numbers _____

Your physician: _____ phone _____

Your physician: _____ phone _____

Medical History: any major medical problems? _____

List current medications: _____

Drug Allergies: _____

Food allergies: _____

Other information we should know about you: _____

Note: this information is to be kept confidential. When traveling with a group this information will be carried by a group leader or will be available by a phone call should an inquiry be made. This is for your safety and service.

Please enclose a copy of the following documents. These are kept on file in case of an emergency, for providing documentation should one of more of your documents gets lost or left behind on your holiday. Credit card information may be requested as is applies to Credit Card Charges and will be kept confidential as will all the above information.

- 1) Passports.....be sure they are current for 6 months from the last day of your trip
- 2) Dive C-Card
- 3) DAN Insurance: If not a member please consider: <http://www.diversalernetnetwork.org>
- 4) Copy of this emergency information and contact sheet
- 5) Signed Waiver of Liability
- 6) Optional both credit cards front and back if requested.

Thank you for your cooperation in completing this information so that we may be of better service to you.

Carol Herrlie, owner Pathways to Adventure Travel