

INFORMATION FORM FOR TANZANIA TRIP

March 14-27, 2020

FULL name exactly as it appears on your PASSPORT:

First Middle Last

Home Address: _____

Telephone: Home _____ Business _____ Cell _____

Email Address: _____ Non-smoker _____ Smoker _____

Birth date: _____ (Example: 20May55)
Day/Month/Year

I would like to Room with: _____

In Case of Emergency Please Notify:

Name: _____ Relationship: _____

Telephone: Home _____ Business _____ Cell _____

Email Address: _____

Please list any medical conditions/allergies (including food allergies)/dietary restrictions: _____

Return this form to: **King George Travel
P.O. Box 611
Dahlgren, VA 22448

****Please enclose a COLOR COPY of your passport.**