

Casterbridge Tours Personal Profile Form

Please Print All Information Clearly in Black Pen and Block Capital Letters.
All names provided should be stated precisely as they appear on the passport

GROUP DETAILS

GROUP NAME: GREATER BRIDGEPORT YOUTH ORCHESTRAS

GROUP LEADER: TANYA SHIVELY

TOUR START DATE: JUNE 25, 2012 / dd/yyyy

RETURN DATE: JULY 3, 2012 / dd/yyyy

PERSONAL DETAILS

SURNAME:

FIRST NAME:

MIDDLE NAME (S):

TITLE: (Mr/Mrs/Ms)

NATIONALITY

GENDER: (male or female)

DATE OF BIRTH:

mm/dd/yyyy

AGE:

(must be as of time of tour departure)

PASSPORT NO:

COUNTRY OF ISSUE:

EXPIRY DATE:

mm/dd/yyyy

WILL YOU BE REQUIRING THE CASTERBRIDGE TRAVEL INSURANCE: YES NO

IF NOT TAKING OUR INSURANCE, PROVIDE DETAILS OF THE HEALTH INSURANCE (COMPANY, ADDRESS AND POLICY #) THAT WILL COVER YOU FOR OVERSEAS TRAVEL

CONTACT DETAILS FOR INSURANCE COMPANY EMERGENCY ASSISTANCE:

DO YOU HAVE ANY SPECIAL MEDICAL CONDITIONS/REQUIREMENTS?

DO YOU HAVE ANY DIETARY REQUIREMENTS?

DO YOU HAVE ANY SPECIAL MEDICAL NEEDS?

EMERGENCY CONTACT (NAME):

EMERGENCY CONTACT (RELATION):

EMERGENCY CONTACT (ADDRESS):

EMERGENCY CONTACT (PHONE #):

ARE YOU A PAYING MEMBER OF FACULTY OR A SPOUSE OR DEPENDENT OF A GROUP LEADER?

(please indicate if applicable)

DO YOU REQUIRE A SINGLE ROOM?

YES NO

N.B. Supplements of US\$35 (\$40CAN) or more a night will apply

ANY OTHER RELEVANT INFORMATION YOU WOULD LIKE TO RELAY?

Please return this form immediately to your group leader