

PASSPORT INFORMATION
(Please **PRINT** legibly)

TRIP NAME / DATE: _____

YOUR NAME **exactly** as it appears on your passport:

Last _____ First _____ Middle _____

ADDRESS: _____

HOME PHONE _____ FAX: _____ MOBILE: _____

BIRTHDATE (Day/Month/Year): _____

ANY MEDICAL PROBLEMS TOUR LEADER SHOULD BE AWARE OF? _____

SPECIAL DIETARY REQUIREMENTS: _____

ROOMMATE YOU REQUEST: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Note: This should NOT be someone who is traveling on the same trip):

_____ Relationship: _____

PHONE NUMBER(S) IN CASE OF EMERGENCY (include country code if not HK):

YOUR HONG KONG ID NUMBER: _____

YOUR PASSPORT NUMBER: _____ DATE ISSUED: _____

PLACE ISSUED: _____ PASSPORT EXPIRATION: _____

COUNTRY OF PASSPORT: _____

VISA NO. (IF APPLICABLE): _____ EXPIRATION DATE _____

YOUR EMAIL ADDRESS: _____

DO YOU SMOKE? _____ ANY COMMENTS? _____

PLEASE NOTE: The AWA may require up front satisfactory written confirmation from a physician attesting to an intending participant's fitness to participate in the trip. Participants may be required to give the AWA evidence of Travel Insurance before the trip commences.