

Guest Registration

Name _____ Tour **BHU 120218**
Cell (_____) _____ E-mail _____
Street _____ City _____ State _____ Zip _____
Gender _____ Age _____ Birth Date _____ Height _____ Weight _____
Occupation _____
Emergency Contact _____ Phone _____ email _____
Special Occasions during trip - Birthday, Anniversary? _____

Please describe your regular physical activities:

What are your expectations of our trip? _____

Do you have any fears or concerns regarding our trip? _____

TRAVEL INFORMATION

Passport # _____ Exp. Date _____

HOTEL:

Please check your preference: _____ 1 Bed _____ 2 Beds _____ I prefer sole occupancy and will pay the single supplement

FLIGHT:

ARRIVAL Date _____ Time _____ City _____ Carrier _____ Flight # _____

DEPARTURE Date _____ Time _____ City _____ Carrier _____ Flight # _____

DIETARY: Please be specific.

Dietary restrictions or allergies _____

**Please note:* In order to honor your requests, Neary Travel must have this information no later than 60 days prior to your trip. If you are booking within this time period, please make sure you've discussed any special requests with our office. Neary Travel will do their best to accommodate your dietary requirements.

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MEDICAL INFORMATION – *Please be specific and explain in detail any “yes” answers.*

YES	NO	Are you currently experiencing, or have you ever had problems with, any of the following?
		Heart problems/attacks:
		Chest pain/pressure:
		Shortness of breath:
		Dizziness:
		Fainting:
		High blood pressure:
		Depression/Anxiety:
		Smoker:
		Hepatitis:
		Seizures:
		Physical limitations:
		Currently Pregnant:
		Asthma/respiratory:
		Diabetes/blood sugar:
		Recurrent/frequent headaches:
		Ulcer/stomach:
		Urinary tract:
		Muscular-skeletal:
		Major hospitalization/surgery (especially within the last year):
		Allergies: Bee Stings - If you are prone to anaphylactic shock, please bring a bee sting kit - <i>we do not carry them</i>
		Other:

If you checked “Yes” to any of the above, you may be required to provide us with a note from your doctor clearing you for this trip. Thank you for your cooperation in this matter.

Please send:

- 1. Completed Guest Registration**
- 2. Copy of Passport**
- 3. Copy of complete flight itinerary from airline**