

PASSENGER INFORMATION FORM

Please complete the information below and forward immediately to SITA World Tours.
One passenger information form per person. Final documents will be issued on receipt of this form.

RESERVATION NUMBER: _____ ATTENTION: _____
(SITA Reservation Agent)

TOUR NAME: _____ DEPARTURE DATE: _____

(Please Type or Print)

PASSENGER INFORMATION

MR. MRS. MS. (Circle One) _____
First Middle Initial Last

MAILING ADDRESS _____
Street City State Zip

TEL: Home:() _____ - _____ Alternate:() _____ - _____

FAX:() _____ - _____ Email: _____

While on this tour will you be celebrating a Birthday _____ or Anniversary _____ Date: _____

PASSPORT INFORMATION

NAME (As shown on passport): _____
First Middle Initial Last

BIRTH DATE: _____ PLACE OF BIRTH: _____

CITIZENSHIP: AMERICAN _____ OTHER: _____

PASSPORT NUMBER: _____ PLACE OF ISSUE: _____

DATE ISSUED: _____ DATE EXPIRES: _____

MEDICAL CONDITIONS

Please list all medical conditions or problems that may inhibit your participation in any activities on this tour.

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME: _____ RELATIONSHIP: _____

TEL: Home:() _____ - _____ Business:() _____ - _____ Email: _____

Signature: _____ Date: _____



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SITA World Tours will never sell or distribute your personal information to third parties.