

Traveler Information Form

Name as it appears on Passport : _____

Passport number & country of issue _____ Expiration Date _____

Birth Date: _____ Gender: _____

Cell Phone : _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail: (print legibly) _____

Airlines, flight numbers and dates to Peru: _____

Airlines, flight numbers and dates of return: _____

Medical or Health Issues or Allergies: _____

Medications presently being used: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Phone 2: _____

Email: _____

Address: _____

City: _____

State: _____ Country _____

Have you notified this person that you are traveling in Peru in June 2020? Yes No