

ADVENTURE DIVE & TRAVEL TRIP INFORMATION

Destination and Date: _____

Have you been to this destination before? Yes No

Name:

Address:

City:

State:

Zip:

Home Ph:

Work Ph:

Date of Birth:

Cell Number:

E-mail Address:

Traveling partner:

Name:

Relationship:

Accommodations

While traveling, we would like:

- Twin beds (two singles)
- Double bed (couples)

- I am traveling alone and would like a roommate of the same gender*
- I give permission for AD&T to give my name and contact info to a potential roommate
- I am a smoker
- I am a non-smoker
- I am traveling alone and would like single accommodations at the single supplement rate

**I understand if there is not another single traveler of the same gender, I am required to pay the single supplement rate.*

Other Information

Dietary Restrictions:

Allergies:

Medications or Any Medical Conditions:

Previous Tours with AD&T:

Assessment of your Health, Physical Condition and/or Limitations

Please list any anniversary, birthday, etc. you will be celebrating during your tour: