



ADVENTURE DIVE & TRAVEL

TRIP INFORMATION

217-529-6090

Trip Information:

Destination and Date:

Have you been to this destination before? Yes No

Customer Information:

Full Legal Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Date of Birth (MM/DD/YY):

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:

Emergency Contact Information

Name:

Relationship:

Phone Number: