

Traveler Information as it appears on your PASSPORT

Last Name: please print ALL INFORMATION ON FORM	
First Name:	
Middle Name:	
Mailing Address:	
City, State, Zip:	
Email address:	@
Date of Birth: Please use month abbreviation JAN,FEB,MAR,APR,MAY,JUN,JUL,AUG,SEP,OCT,NOV,DEC	DATE,MONTH,YEAR
Nationality: If you are a US citizen, nationality is US	
Passport NUMBER:	
Passport Issue Location:	
Passport Expire Date:	DATE, MONTH, YEAR
TELEPHONE NUMBER: Beginning with area code	[] area code

Additional Information

Travel Insurance: send info	Circle yes or no
Decline insurance information:	Circle yes or no
Rooming With: NAME [1]	
SINGLE Room Supplement:	\$595.00 per person

Emergency Contact in the USA [FAMILY MEMBER **not traveling with you]**

In case of emergency, contact: Name	
Emergency contact's address:	
Emergency contact's phone:	

Total tour cost \$2,995.00 per person AIR INCLUSIVE based on 20 paid double occupancy **

\$1,000 deposit before October 30, 2017. Trip based on 20 paid traveling Fully refundable if the numbers are not achieved.	
Keane Int'l Impressions	
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Charlotte, NC 28224-0242	