

BEHIND THE SCENES ADVENTURES

ARTS AND FESTIVAL TOURS

TRIP APPLICATION • PARTICIPANT INFORMATION

Name on passport: _____ Nickname if any _____

TRIP DATES: _____ TO: _____

Your Address _____ City _____

State _____ Zip _____ E-MAIL: _____

Home Phone _____ Cell Phone or other contact # _____

Birth Date: _____ PASSPORT NUMBER _____

Country: _____ Passport Expiration Date: _____

I prefer a single room _____ (Check price on website.) I would like to share a double room. _____

I want to share with a friend/relative who has also signed up. Name: _____

(If you travel alone, but are willing to share a twin/double room, we will try to find a friendly roommate among the other participants. If there is no roommate available, you need to pay the single supplement and you will have a single room. This amount varies by destination; we will keep you updated on the roommate situation as the trip sign-ups progress..)

OK to put your e-mail on trip members' list? _____ How did you find out about BTSA? _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell phone or e-mail _____ (Circle the phone number best to get in touch fast.)

HEALTH & MEDICAL INFORMATION How would you describe your health:

Excellent _____ Very Good _____ Good _____ Any limitations? _____

Do you have any CURRENT physical/medical concerns that the trip leader should be aware of?

Only list conditions that may affect you DURING TRAVEL: knee or back problems, etc.

Diabetes _____ Epilepsy _____ Asthma _____ Migraines _____ Heart Condition _____ Other _____

Most recent physical exam date: _____ Do you smoke? _____

Do you have any special dietary, health or nutrition issues, restrictions, etc? There is no guarantee that BTSA will be able to accommodate travelers on special diets in foreign countries. Please contact us before departure, and bring sufficient alternative foods. Vegetarian diets are often easy to accommodate, but with less variety than at home; a vegan diet is more difficult.

Special Diet? _____ **Allergies?** _____

Signed: _____ Date: _____

