



**TOUR NAME:** \_\_\_\_\_

**TOUR DATES:** \_\_\_\_\_

**PARTICIPANT INFORMATION FORM and RESPONSIBILITY STATEMENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name for Badge: \_\_\_\_\_

General statement of health: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Medical restrictions: \_\_\_\_\_

Allergies (medications, foods, etc.) : \_\_\_\_\_

Significant vision or hearing problems: \_\_\_\_\_

Walking or mobility problems: \_\_\_\_\_

Do you have any special needs? \_\_\_\_\_

Medications others should know about in an emergency: \_\_\_\_\_

**ROOM PREFERENCES:**

- Do you prefer a room that is:  NON-smoking?  Smoking
- If rooming with someone, do you prefer:  2 beds  1 bed

**NAME OF ROOMMATE** \_\_\_\_\_

- **If we are pairing you**, are you:  male  female

NOTE: Singles are paired on a non-smoking basis. If you are a smoker you may not smoke in your room unless your companion is also a smoker.

- Other preference if any:

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In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address/city/State/Zip \_\_\_\_\_

\_\_\_\_\_

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Work phone number Home phone number Cell phone number