



Educational & Leisure Group Tours

www.elgrouptours.com elgrouptours@yahoo.com

ADULT APPLICATION FORM

LEGAL NAME (as on passport) _____

FULL HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

DATE OF BIRTH (MM/DD/YEAR) _____

CITIZENSHIP _____ GENDER M F

E-MAIL of individual responsible for payments if different _____

If paying by check please write the name of the person(s) who is traveling on the check.

CONTACT IN CASE OF AN EMERGENCY

NAME _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

If you are not a citizen of Canada please contact the Consulate of each country that you will be visiting to find out about the visas necessary to go there.

DO YOU HAVE ANY ALLERGIES OR REQUIRE SPECIAL MEDICATION? YES NO

IF YES, PLEASE EXPLAIN _____

DO YOU REQUIRE ANY SPECIAL MEALS? _____

SIGNATURE _____

DATE (MM/DD/YEAR) _____