



EMERGENCY INFORMATION FORM

****Day Trips****

One Form per Household *(Please Print Clearly)*

PLEASE PRESENT THIS TO YOUR DRIVER/TOUR DIRECTOR UPON BOARDING

Tour Guest Name: _____ Seat # _____

E-mail: _____

Cell Phone #: _____

Additional Guests:

Name: _____ Seat # _____

Name: _____ Seat # _____

Name: _____ Seat # _____

List additional names here: _____

INFORMATION THAT WOULD BE HELPFUL IN CASE OF EMERGENCY: *(Use reverse side if necessary)*

Please list & explain *(for each person traveling with you)* any special medical conditions, allergies, or other pertinent information that might be helpful for us:

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name: _____

Phone #: _____