

**Day Trip:** \_\_\_\_\_

**Bank of Sullivan**  
**PASSENGER INFORMATION FORM**

In the event of an emergency, or should an accident occur during your tour, the following information will expedite any necessary medical attention. **Please print.** Thank you.

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: (include area code) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list any medication currently used: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Do you have a pace maker? (Due to magnetic name badges) \_\_\_\_\_  
(If you have a pace maker, please call Peggy at 1-800-645-3191 so that an alternative badge can be made)

Pick-up Location: \_\_\_\_\_ Sullivan \_\_\_\_\_ Cuba \_\_\_\_\_ Union

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