

Trip: \_\_\_\_\_ Room Type:  Single  Double  Triple  Quad

**Bank of Sullivan Roadrunners**  
**PO Box 489**  
**Sullivan, MO 63080**  
**573-468-1415**

**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.

●●●●● PERSONAL INFORMATION ●●●●●

Name as it appears on driver's license: \_\_\_\_\_

Name as you would like it to appear on your name badge: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Birthday: \_\_\_\_\_

**(month/day/year)**

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

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

Roommate's Name, if applicable \_\_\_\_\_

●●●●● MEDICAL INFORMATION ●●●●●

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

Do you have a pace maker? (Due to magnetic name badges) \_\_\_\_\_

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

Specific medical problems, i.e., high blood pressure, diabetes, heart problems, etc.:

Special diet:  Diabetic  Vegetarian Will you require a wheelchair in the airports? \_\_\_\_\_

While on tour, are you celebrating a:

BIRTHDAY (please list day and date): \_\_\_\_\_

ANNIVERSARY (please list day and date): \_\_\_\_\_

SPECIAL OCCASION (please list day and date): \_\_\_\_\_

I would like optional travel insurance (Please include appropriate cost with deposit)

I decline optional travel insurance

Pick-up Location:  Sullivan  Cuba  Union