

Trip: _____ Room Type: Single Double Triple Quad

Bank of Sullivan Roadrunners
PO Box 489
Sullivan, MO 63080
573-468-1425

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