



Jossy Travel

PERSONAL INFORMATION FORM

Please return before Your Arrival By email and bring the originals with you

| Please Complete All Sections As Clearly As Possible | |
|--|----------------|
| Title: | Name Of Group: |
| Name: | Surname: |
| Date of Tour: | Tel: (H) |
| Tel (W) | Cell: |
| Email: | |
| Emergency Contact Person: | |
| Emergency Contact Person Tel and Email: | |
| Date Of Birth: | Passport / ID: |
| | |
| Address: | |
| Country: | Occupation: |
| Medical Aid / Travel Insurance details: | |
| Do we have permission to use your photo for marketing and social media purposes: Yes / No | |
| Are you allergic to any food or medicine? If yes, please provide details: | |
| | |
| Have you suffered an illness or physical injury recently? If yes, please provide details: | |
| | |
| Please list any other information you feel may be important (for example, medication you are taking) | |
| | |
| Do you have special dietary requirements? (Vegetarian, Vegan etc...) If yes, please provide details | |
| | |