

**BEHIND THE SCENES ADVENTURES**  
**ARTS AND FESTIVAL TOURS**

**PARTICIPANT INFORMATION**

**TRIP DATES**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone or other contact # \_\_\_\_\_

E-mail \_\_\_\_\_ Birthdate: \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ Expires: \_\_\_\_\_

I would like to share a double room. \_\_\_\_\_ I prefer a single supplement at \$350 extra. \_\_\_\_\_

I want to share with a friend who has also signed up. Name: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone or e-mail \_\_\_\_\_ (State whatever is the best way to get in touch fast.)

**CONFIDENTIAL: HEALTH & MEDICAL INFORMATION**    BLOOD TYPE \_\_\_\_\_

List or check any special medical conditions you may have:

Diabetes    Epilepsy    Asthma    Heart Condition    Other

Most recent physical exam date: \_\_\_\_\_

Special Diet? \_\_\_\_\_

Allergies? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Recent hospitalization, major injuries or loss of consciousness? (please explain and give year)

IMPORTANT: Lists the pharmaceutical and common names and dosage for any medicines you take regularly. (This is confidential but crucial information, should you require emergency care.) Use the back if you need more space.

Any other physical/medical concerns that the trip leader should be aware of? (migraines, back problems, etc?)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_