



Traveler Information Form

Email: info@dogtagtours.com
PH: 717-417-USA1
(717-417-8721)
FAX: 1-866-895-1536

Tour Name: _____
Tour Dates: ___ / ___ / ___ - ___ / ___ / ___

One Form Per Household

First Traveler in Household: NAME MUST MATCH NAME ON PASSPORT!!

Last _____ First _____ Middle _____

Street Address / P.O. Box _____

City _____ ST _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Email _____ Alternate E-mail _____

Date of Birth ___ / ___ / ___ Citizenship _____

Passport # _____ Issue Date ___ / ___ / ___ Exp Date ___ / ___ / ___

Issue Auth/Agency _____

Roommate: N Y Requested Roommate if other than Second Traveler listed: _____

Emergency Contact Information: _____ Relationship? _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second Traveler in Same Household: NAME MUST MATCH NAME ON PASSPORT!!

Last _____ First _____ Middle _____

Cell/Work Phone _____

Email _____ Alternate E-mail _____

Date of Birth ___ / ___ / ___ Citizenship _____

Passport # _____ Issue Date ___ / ___ / ___ Exp Date ___ / ___ / ___

Issue Auth/Agency _____

Travelers are responsible for acquiring or renewing passports which have an expiration date at least six months passed the date the tour returns to the United States. LJPLLC will not refund any trip costs for any traveler's failure to comply with this requirement.

Return signed this Traveler Information form with Payment Authorization and signed Accessibility Alert and Terms and Conditions to

Laura J. Passuello and Associates, LLC
1147 Jill Drive
Hummelstown, PA 17036

OR Email scanned copies to Laura.Passuello@dogtagtours.com
OR FAX to 866-895-1536