



# Travel Information Sheet

*We are thrilled to have you join us for our Tabernacle Church Classics adventure. Our goal is to provide a safe, memorable, and enjoyable experience during our time together. In order to accomplish this, we would appreciate having you share some basic information about you, to keep on file in the event of an emergency.*

*Please take a few moments to fill out this form in its entirety and hand it in before our trip.*

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

FAMILY CONTACT: \_\_\_\_\_  
(First) (Last) (Relationship)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICAL ASSISTANCE: \_\_\_\_\_

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

*This form will be kept on file during our trip in the event of an emergency and will be returned to you at the conclusion of our time together. Your personal information will not be shared or distributed without your prior consent.*