



PO Box 1264 | Ft Mill SC 29716 | 1 (704) 495-4422

Addendum Application:

Personal Information:

Name _____ Date: _____

Date of Birth: _____

Passport Number: _____ Expiration: _____

Are you a US Citizen? _____ If not, do you have proper documents that allow entry and exit of all international ports ie. Alien Registration card? _____ A- _____ - _____ - _____

Insurance:

Do you have healthcare insurance? _____ Name of Insurance Co: _____

Policy/Group Number: _____ Telephone Number: _____

Medical Information:

Physician's Name: _____ Office Number: _____

Address: _____

City/State/Zip _____

In case of emergency, please notify:

Name: _____ Relationship _____

Address: _____

City/State/Zip: _____

Telephone Numbers: _____

Email: _____