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TRAVELER INFORMATION FORM

Perigord, France
April 26 – May 4, 2025

Please complete both sides of this form and return it to us. Each person traveling should fill out one copy of this form.

Name and Contact Information *(please print)*

Title	First and Last Names <i>(as they appear on your passport)</i>	Name for Name Badge	Gender
Date of Birth	Citizenship	Passport Number <i>(for international trips only)</i>	
Passport Place of Issue	Passport Date of Issue	Passport Expiration Date	

Mailing Address

City	State	Zip Code	
Telephone <i>(home)</i>	Telephone <i>(office)</i>	Cell Phone	E-mail

Health Information

General statement of health *(please note any medical conditions that we should be aware of while you are on this trip):*

Walking or mobility problems:

Significant vision or hearing problems:

Allergies to medication or food:

Dietary restrictions (ex. vegetarian, vegan, kosher, gluten-free. Please specify):

COVID-19 Vaccination Status

- I have received a full dosage of a COVID-19 vaccination.
- I have received a partial dosage of a COVID-19 vaccination, but I will have a full dosage 14 days or more prior to departing for this trip.
- I have not received a COVID-19 vaccine, but I expect to have received a full dosage 14 days or more prior to departing for this trip.
- I have not received a COVID-19 vaccine, and I do not intend to get one prior to this trip.

Additional Information

Check whether you would prefer one bed or two beds, when applicable and available.

Special events to be celebrated during the journey (*e.g., anniversary*):

Companions on this journey and their relationship to you:

List any special requests:

Insurance

Trip cancellation insurance is strongly recommended and advised. Please advise whether you are purchasing optional trip cancellation insurance below.

- I have purchased travel insurance with: _____ (Name of Company)
 I have not purchased travel insurance and understand that my **entire trip payment could be forfeited if I cancel the trip.**

Emergency Contact

In case of an emergency, please notify:

Name	Relationship		
Telephone (<i>home</i>)	Telephone (<i>office</i>)	Cell Phone	E-mail
Street address			
City	State	Zip Code	

Agreement, Assumption of Risk, Waiver and Release

Enclosed with this form is a copy of our statements of **Responsibility** and **Terms and Conditions**. As a condition to acceptance of this application and participation on the journey, **each** applicant must sign the following statement (parent or legal guardian must sign for each child):

I have read the schedule of activities for this trip and recognize and accept the risks thereof. I have read and agree to the TERMS AND CONDITIONS and the RESPONSIBILITY statement for this journey (enclosed) and understand that they include a release of liability that will be binding upon myself and my family, heirs, and legal representatives. I further agree to release and hold Friends of Boca Grande and its designated tour operator(s) and tour administrator harmless from any and all liability, loss, or damage that may arise out of my participation in this program.

Signature

Date