

Israel 2019 – Trip Participant Questionnaire

1. **Full Legal Name** _____
2. **Street Address** _____
3. **Mobile Phone** _____
4. **Email Address** _____
5. **Birthdate** _____
6. **Passport**
 - a. Number _____
 - b. Country of Issuance _____
 - c. Date of Expiration _____
7. **Medical Allergies** _____
8. **Airline Frequent Flyer Numbers**
 - a. Star Alliance Carrier and Frequent Flyer Number _____
 - b. One World Alliance Carrier and Frequent Flyer Number _____
 - c. Sky Team Alliance Carrier and Frequent Flyer Number _____
9. **Known Traveler or Global Entry Number** _____
10. **Seating Preference: Aisle Middle Window – Circle One. Couples – state which of you wants to sit in the middle seat if you want to stay together.**

(We cannot guarantee this but will make every effort to get you your preference)
11. **Class of Flight Service Requested (Circle One)**
 - a. Economy
 - b. Economy Plus
 - c. First/Business Class
12. **Emergency Contact Person #1** (Of someone not traveling with you)
 - a. Name _____
 - b. Mobile Phone _____
 - c. Email Address _____
 - d. Relationship to the Traveler _____
13. **Emergency Contact Person #2** (Of someone not traveling with you)
 - a. Name _____
 - b. Mobile Phone _____
 - c. Email Address _____
 - d. Relationship to the Traveler _____
14. **Roommate Choice**
 - a. Name _____
 - b. Yes or No (Circle One) – I have confirmed with my roommate.

