



MANDATORY GUEST INFORMATION

As a result of enhanced security procedures worldwide, and so that we can assist guests promptly in an emergency, **we are required to collect this information by the time of final payment.** *Final documents will not be released without receipt of this guest information. One form is required for each guest.* Please enter the names exactly as they exist in your passport. Kindly email to operations@generaltours.com, fax (603-357-4548) or mail (General Tours World Traveler, 53 Summer Street, Keene, NH 03431, Attn. Operations). This form is also available as a PDF on our website at www.generaltours.com/pdf/guestinfo.aspx

Passenger Name	Booking No.	Program	Tour Start Date

FLIGHT INFORMATION	
Flight Arrival Cities Date/Carrier/Number/Time	
Flight Departure Cities Date/Carrier/Number/Time	
Do you require an airport wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GUEST INFORMATION	
A valid passport is required for all General Tours World Traveler programs. Passport must be valid for six (6) months after return to the US. Visas are required for some destinations; please contact us if you are unclear about Visa requirements.	
Please provide name exactly as in passport. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
_____	_____ / _____ / _____
Last Name	First Name Middle Name Date of Birth (mm/dd/yy)
_____	_____ / _____ / _____
Country of Citizenship	Passport Number Date of Issue (mm/dd/yy) Expiration Date (mm/dd/yy)
For our privacy policy, please refer to our website, www.generaltours.com/privacy/index.aspx	

PERMANENT ADDRESS				
_____	_____	_____	_____	_____
Street Address	City	State/Province	Zip/Postal Code	Country
(____) _____	(____) _____	_____		
Home Phone	Mobile/Business Phone	E-mail Address		

EMERGENCY CONTACT INFORMATION (Name of a person not traveling with you)		
_____	_____	_____
Relationship	Last Name	First Name
(____) _____	(____) _____	_____
Home Phone	Mobile/Business Phone	E-mail Address

TRAVEL PROTECTION PLAN	
I have also been advised about General Tours World Traveler's Travel Protection Plan.	<input type="checkbox"/> Accepted it <input type="checkbox"/> Declined it
I have secured Travel Protection through _____ (name of carrier).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Should you have any questions in completing this information, please call 800-221-2216. Please remember that one form is required for each guest.

Thank you for traveling with General Tours World Traveler.