

THIS FORM MUST BE SIGNED BY ALL TRAVELERS AND GIVEN TO YOUR TOUR DIRECTOR BEFORE BOARDING THE MOTORCOACH THE MORNING OF DEPARTURE

GETTING TO KNOW YOU



Moostash Joe
TOURS
Discover the wonder

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FIRST NAME _____ CELL PHONE _____ - _____ - _____

BIRTHDAY _____ OCCUPATION _____

FAVORITE HOBBY _____

FIRST NAME _____ CELL PHONE _____ - _____ - _____

BIRTHDAY _____ OCCUPATION _____

FAVORITE HOBBY _____

(IF MARRIED) ANNIVERSARY DATE _____ NUMBER OF YEARS _____

NUMBER OF CHILDREN _____ GRANDCHILDREN _____ GREAT GRANDCHILDREN _____

IS THIS YOUR FIRST TOUR? _____ HOW MANY WITH MOOSTASH JOE TOURS? _____

WHAT WAS YOUR FAVORITE TOUR? _____

WHERE ELSE WOULD YOU LIKE TO TRAVEL TO? _____

INTERESTING ADDITIONAL COMMENTS: _____

EMERGENCY/MEDICAL INFORMATION

EMERGENCY CONTACT: _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____ - _____ - _____

RELATIONSHIP _____ REMARKS _____

LIST ANY SPECIAL MEDICATIONS, ALLERGIES, ETC. _____

***ALL MOTORCOACH ARRANGEMENTS WILL BE WITH FULLY INSURED CARRIERS.
*PLEASE, NO SMOKING ON MOTORCOACH OR WHERE SMOKE MAY AFFECT OTHERS.
*TRAVELERS ARE EXPECTED TO PROVIDE THEIR OWN HEALTH INSURANCE.**

WITH SIGNATURE, I ACKNOWLEDGE THAT I AM IN GOOD PERSONAL HEALTH AND THAT I ACCEPT FULL RESPONSIBILITY FOR ANY PERSONAL INJURY, LOSSES, DAMAGES OR ILLNESSES WHICH MIGHT OCCUR AND HOLD HARMLESS MOOSTASH JOE TOURS FOR THE SAME.

TRAVELER #1 SIGNATURE _____ DATE _____

TRAVELER #2 SIGNATURE _____ DATE _____