

Insert Business Logo Here

MGayle Outdoor Adventures, LLC

Personal Information Form

Trip Name _____ Departure Date _____

Please complete the following information by using a pen, and printing clearly. This information will be used to complete any vendor-related documents required for your chosen adventure.

Name (exactly as it appears on your passport) _____
(First) (Middle) (Last)

Home Address (no P.O. Boxes)

Address Line 1 _____

Address Line 2 _____

City _____ State _____

Country _____ Postal Code _____

Mailing Address (if different from Home Address)

Telephone (Home) _____ (Cellular) _____
(Area Code) (Number) (Area Code) (Number)

Email Address _____

Fax Number _____

Date of Birth _____ Country of Birth _____
(Day) (Month) (Year)

IMPORTANT: Passport must be valid for 6 months beyond the date of travel

Passport Number _____ Country of Issue _____

Date of Issue _____ Expiration Date _____
(Day) (Month) (Year)

Insert Business Logo Here

MGayle Outdoor Adventures, LLC

Personal Information Form

Emergency Contact Information

Name _____ Relationship _____

Full Home Address _____

Work Phone _____ Cellular Phone _____
(Area Code) (Number) (Area Code) (Number)

Home Phone _____
(Area Code) (Number)

How did you hear about MGayle Outdoor Adventures, LLC?

- ☐ Internet
- ☐ Magazine which publication? _____
- ☐ Word of Mouth Who referred you? _____
- ☐ Other Please specify _____

Do you have any special dietary requirements (i.e. Vegan vegetarian, Gluten free, etc.)?

What is your native (first) language? _____

What other languages do you speak fluently? _____

Trips provided by MGayle Outdoor Adventures, LLC are intended for people in reasonably good health. By signing below, and forwarding a deposit to reserve you place on the trip roster, you certify you do not have any physical or psychological condition, disability, or issue which will create a hazard for you and other members on the trip. With your signature and deposit you consent to being bound by the terms of the trip contract with regards to refunds and cancellations. MGayle Outdoor Adventures, LLC reserves the right to decline to accept, or retain you should your health or general deportment impede

Insert Business Logo Here

MGayle Outdoor Adventures, LLC

Personal Information Form

the operation of the trip, or the rights, welfare and enjoyment of other trip members. You further agree to complete and return the provided medical questionnaire by the required deadline date.

Signature _____ Date _____