

TOUR: _____

PASSENGER NAME _____ **Age** _____

Mail to TLC Holyland Tours, P. O. Box 14757, Knoxville, TN 37914 before JULY 9th. REQUIRED: Send with copy of 1) Trip Ins. Declaration page, 2) Passport face page, 3) Health Ins. Card(s) front and back. See back of form.

EMERGENCY INFORMATION REQUIRED:

US Emergency contact _____ **Relation** _____ **Phone** _____

US Physician _____ **Office Number** _____

Insurance Company _____ **Group No.** _____ **ID No.** _____

MEDICATION / Strength /DOSAGE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD / DRUG ALLERGIES

IF ANY ADDITIONAL MEDICAL INFORMATION MAY BE NEEDED IN CASE OF EMERGENCY, LIST HERE: EXAMPLE, Prior Surgeries Metal implants, etc.:

Copy reverse side of insurance cards here

If Applicable: Air Mileage # _____
TSA Precheck # _____
Global Entry # _____

Place passport

copy here:



Copy front side of Insurance Cards here

Copy front side of Insurance Cards here