

TOUR: \_\_\_\_\_

PASSENGER NAME: \_\_\_\_\_ Age \_\_\_\_\_

Mail to TLC Holyland Tours, P. O. Box 14757, Knoxville, TN 37914 before balance due in full date.  
REQUIRED: Send with copy of: 1) Trip Insurance Declaration page, 2) Passport face page, 3) Health Ins. card(s) front and back. The back of this form may be used for copy.

**EMERGENCY INFORMATION REQUIRED:**

US Emergency contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

US Physician \_\_\_\_\_ Office Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_ ID No. \_\_\_\_\_

**MEDICATION / Strength /DOSAGE**

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

**FOOD / DRUG ALLERGIES**

_____	_____
_____	_____
_____	_____

LIST ANY ADDITIONAL MEDICAL INFORMATION HERE THAT WOULD BE IMPORTANT IN CASE OF EMERGENCY  
Example: Prior Surgeries Medical implants, chronic condition such as diabetes etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Applicable: Air Mileage # \_\_\_\_\_ TSA Precheck # \_\_\_\_\_ Global Entry # \_\_\_\_\_