

Crans-Montana Switzerland



Data Collection Sheet (one per passenger)

First Name: _____ Last Name: _____

Street : _____

City: _____ State: _____ ZIP: _____

Mobile #: _____ Home #: _____

Date of Birth: _____ Gender: _____

Email Address: _____

Emergency Contact: Name: _____ Relationship: _____

Mobile #: _____ Home #: _____

International Trips: Passport # _____ Expires: _____

Domestic Trips: Drivers License #: _____ State: _____ Expires: _____

Home Club: _____ Membership Paid through: _____

Known Traveler #: _____

Frequent Flyer # : _____ Airline: _____

Dietary Restrictions: _____

Preferred Roommate: _____

Return to: Bob Zeolla 804 Carlson Ave West Chester PA 19382

Contacts : Joyce Schiavo – schiavojoyce@yahoo.com – 610-639-6242

Bob Zeolla – rzeolla56@gmail.com - 610-368-4517