

**Traveler Personal Information**  
**EXPLORATIONS BY THOR**  
**P.O. Box 22332 Lexington, KY 40522**  
**Phone: 859.533.1965 or 859.533.5474**  
[donna@explorationsbythor.com](mailto:donna@explorationsbythor.com)

We request this information to:

- \*Assist in delivering the products and services you have requested.
- \*Improve our customer satisfaction levels and maintain a responsible relationship with you.
- \*Understand your needs in effort to serve you better.
- \*Satisfy regulatory obligations and legal requirements.
- \*Assist in issues relating to your personal safety.

**Each traveler must** complete a copy of this form **and** submit a copy of their photo page of their **passport**. Please return completed documents to the mailing or email address above. **PLEASE PRINT CLEARLY**

Full Name <u>as printed on passport</u> : (ex: John Edward Smith, Jr.)	Tour Name/Date:  NACAA Horticulture & Master Gardeners Tour France & Malta April 26-May 6, 2017
Address:  City: State: Zip:	Would you like a quote for travelers insurance?: Yes/No  (We highly recommend travelers insurance, please provide email address for quote)
Email:  Phone:	Known Allergies/Food Allergies/Diet Restrictions/Medical Conditions:  Areas of interest (i.e. corn, livestock, etc):
Sex:  Date of Birth:  Roommate request (if any):	Emergency Contact:  Relationship:  Phone:
Passport Country: Passport Expiration Date: <i>*All travelers <b>must</b> have a current valid passport for at least 3 months beyond the duration of their stay and one blank passport page.</i>	Frequent flyer # if applicable (airline/number):