

## SOUTH LAKES HIGH SCHOOL WALT DISNEY WORLD December 4, 2019 – December 7, 2019

## **INDIVIDUAL PASSENGER CONTACT INFORMATION FORM**

Please print and complete this form and return it to your group tour leader.

NAME:			AGE:
STREET ADDRESS:			
CITY:	STATE:		ZIP:
HOME TEL:	WORK TEL:		
CITIZENSHIP: USA OTHER: _			
TRAVEL INSURANCE APPLICATION NEEDED:	YE	ES	NO
NAME OF RELATIVE OR FRIEND NOT TRAVEL	ING WITH YOU:	=====	========
AREA CODE AND TELEPHONE:	EMAIL:		
NOTICE AND CONTRACT OF RELICATION Classic Travel And Tours LLC/Artistic Ambassadors arranging services that are not directly supplied by Classic Travel And Tours LLC/Artistic Ambassadors sor omissions on the part of suppliers. This agency will that result from criminal acts, terrorism, strikes, mechan health conditions and/or any abnormal situations of Ambassadors' control. It is the traveler's responsibility vaccination, visa, and entry requirements. Optional traconsideration of and as part of the payment for the right Travel And Tours LLC/Artistic Ambassadors harmlesse employees, officers, directors, and affiliated companions suits, claims, and demands of any kind in connection with the travelers are also and assume that the read and understand this notice and contract.	acts as an agent for assic Travel And T shall not be responsible anical or construction that to assume the avel insurance is averaged to participate in a sand to release it for es or subcontractor with my participation.	suppliers in ours LLC/Asible for breadle for injuries on failures, Travel Andrisks of travallable and this tour, I from liability rs for any a on in this tou	A selling travel and/or Artistic Ambassadors. ach of contract, errors es, damages, or losses weather, local laws or Tours LLC/Artistic vel and for passport, is recommended. As agree to hold Classic as well as its agents, and all actions, debts, ar either now or in the
SIGNATURE:	<b>D</b> A	ATE:	
SIGNATURE:	DA	ATE: IGHTEEN	(18) YEARS)