

**OFFICIAL PASSENGER REGISTRATION
PASSPORT AND EMERGENCY INFORMATION**



African Travel, Inc.

The Safari Building • 1100 East Broadway Glendale, California 91205 • 818-507-7893 • 800-421-8907

Passengers are kindly requested to complete this information form and forward it to AFRICAN TRAVEL as soon as possible. One registration form is required per passenger, or per couple.

BOOKING # _____ **DEPARTURE DATE** _____

PASSENGER INFORMATION:

MR. MRS. MS. (Circle One) _____
First Middle Initial Last

MR. MRS. MS. (Circle One) _____
First Middle Initial Last

HOME ADDRESS: _____
Street City State Zip

TELEPHONE: Home _____ Business _____ Fax _____
(Area Code) (Area Code) (Area Code)

NON-SMOKER _____ SMOKER _____ EMAIL _____

WHILE TRAVELING WILL YOU BE CELEBRATING A BIRTHDAY _____ OR ANNIVERSARY _____ DATE _____

PASSPORT INFORMATION EXACTLY AS IT APPEARS ON PASSPORT:

(Please do not send us your passport.)

NAME First Middle Initial Last

BIRTHDATE PLACE OF BIRTH

CITIZENSHIP

PASSPORT NUMBER PLACE OF ISSUE

DATE ISSUED DATE EXPIRES

(Please do not send us your passport.)

NAME First Middle Initial Last

BIRTHDATE PLACE OF BIRTH

CITIZENSHIP

PASSPORT NUMBER PLACE OF ISSUE

DATE ISSUED DATE EXPIRES

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME: _____ RELATIONSHIP: _____

TELEPHONE: Home _____ Business _____ Fax _____
(Area Code) (Area Code) (Area Code)

Street Address City State Zip

OVER

GENERAL INFORMATION:

PLEASE LIST ANY MEDICAL CONDITIONS/ALLERGIES/DIETARY RESTRICTIONS: _____

HOBBIES / SPORTS / INTERESTS: _____

CURRENT OR PREVIOUS OCCUPATION: _____

HAVE YOU TRAVELED INTERNATIONALLY BEFORE? Yes No TO WHERE? _____

COMPANIES WITH WHOM YOU'VE TRAVELED: _____
Tour & Cruise Companies, etc.

Signature: _____

Date: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS • MAIL PERMIT NO 516 • GLENDALE, CA

POSTAGE WILL BE PAID BY ADDRESSEE

AFRICAN TRAVEL INC.
1100 EAST BROADWAY
GLENDALE, CALIFORNIA 91205

