

Casterbridge Tours Personal Profile Form

Please Print All Information Clearly in Black Pen and Block Capital Letters.
All names provided should be stated precisely as they appear on the passport.

Group Details

GROUP NAME:

GROUP LEADER:

TOUR START DATE:

RETURN DATE:

Personal Details

SURNAME:

FIRST NAME:

NATIONALITY:

TITLE: (Mr/Mrs/Ms)

DATE OF BIRTH:

GENDER: (male or female)

PASSPORT NO:

AGE: (must be as of time of
tour departure)

EXPIRY DATE:

COUNTRY
OF ISSUE:

DO YOU REQUIRE THE YES NO
CASTERBRIDGE TRAVEL INSURANCE:

IF NOT TAKING OUR INSURANCE, PROVIDE DETAILS
OF THE HEALTH INSURANCE (COMPANY, ADDRESS AND
POLICY NUMBER) THAT WILL COVER YOU FOR OVERSEAS TRAVEL

CONTACT DETAILS FOR INSURANCE
COMPANY EMERGENCY ASSISTANCE:

DO YOU HAVE ANY SPECIAL MEDICAL
CONDITIONS/ REQUIREMENTS?

DO YOU HAVE ANY DIETARY REQUIREMENTS

EMERGENCY CONTACT (NAME):

EMERGENCY CONTACT (RELATION):

EMERGENCY CONTACT (ADDRESS):

EMERGENCY CONTACT (PHONE):

ARE YOU A PAYING MEMBER OF FACULTY OR
A SPOUSE OR DEPENDENT OF A GROUP LEADER?

(Please indicate if applicable)

DO YOU REQUIRE A SINGLE ROOM?

N.B. Supplements of US\$35 (\$40
CAN) or more a night will apply

ANY OTHER RELEVANT INFORMATION
YOU WOULD LIKE TO RELAY?

Please Return This Form Immediately To Your Group Leader