



HOMELAND SECURITY CRUISE PRE-BOARDING FORM ..PLEASE COMPLETE:

RESERVATION CONFIRMATION:.....

FIRST NAME:.....

LAST NAME:.....

MIDDLE NAME (IF ANY):.....

DOB: DAY.... MONTH.... YEAR... PLACE OF BIRTH:.....GENDER MALE.. FEMALE...

COUNTRY OF CITIZENSHIP:.....

RESIDENCE ADDRESS: STREET..... CITY:.....

STATE:..... ZIPCODE:..... COUNTRY:.....

CELL #..... EMAIL:.....

PROOF OF CITIZENSHIP: PLEASE CHOOSE ONE OPTION APPLICABLE TO YOU:

PASSPORT # NATIONALITY OF PASSPORT:.....

PLACE OF ISSUE:

ISSUE DATE: DAY ... MONTH... YEAR.... EXPIRATION : DAY MONTH..... YEAR....

TRAVEL VISA INFORMATION: (IF APPLICABLE)

VISA#PLACE OF ISSUE:.....

DATE OF ISSUE: DAY.. MONTH... YEAR..... EXP DATE: DAY... MONTH.... YEAR....

NON RESIDENTS: STREET ADDRESS:.....CITY:.....STATE.... ZIPCODE.....

EMERGENCY CONTACT (CANNOT BE SOMEONE TRAVELING AT THE SAME TIME)

.NAME: RELATIONSHIP.....

CELL #.....

PLEASE COMPLETE AND RETURN TO TDE TOURS TO FINALIZED YOUR TRAVEL DOCUMENTS.

P.O. BOX 644 BRONX, NY 10469 | P: 718.515.5100 | F: 718.798.4384 | E: TDETOURS@GMAIL.COM | WWW.TDETOURS.COM

THE BIGGEST COMPLIMENT YOU CAN PAY US IS TO RECOMMEND OUR SERVICE