

Prince Edward Island Signup Sheet

Please Print

		Sign up Date:
Full Legal Name: Last:	First:	Middle:
Date of Birth:/ Phone Nu	mber:	(cell or home)
Address:		
Email address:	_	
Emergency contact: (Not traveling with you)		
Name: Phone	Number:	Relation:
Rooming with:		
Rooming with.		
Room type preference: One Bed: Two B	eds: (one bed is	s a request and not guaranteed)
Medical:		
C PapOxygen: Dietary:	N	Nobility:
Other Requests:		
We highly recommend to realize a recommend.		o from AON officity, colour hour leaves accept
· .	• •	e from AON affinity, ask us how. Insurance must Vill you be purchasing insurance? YesNo
Passport Information*: Passport #	Issu	e Date://Expiration Date://
*Passport MUST be a passport book or passpo	ort card & MUST not be	expiring within 6 months of the trip
Business below to a second and and and	d	and the floor and an array that
By signing below, you agree to and understand	a our policies as stated	on the fiyer and on our website.
Signature:		
For Office Use Only: Date received:	Processed by:	received passport: