



**EF Tours Reference:** #2529884XJ  
**Itinerary:** The European Showcase  
**Dates:** May 27 – June 13, 2024  
**Group Leader:** David J. Volkmar

## Traveler Information:

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| <b>Traveler Name:</b>                | John Quinton Globetrotter           |
| <b>Account Number:</b>               | 1234567                             |
| <b>Passport Number / Expiration:</b> | 222444666 / 12/12/2030              |
| <b>Mailing Address:</b>              | 123 Redhawk Court, Frisco, TX 75035 |
| <b>Birth Date / Age on Tour:</b>     | June 2, 2006 / 17                   |
| <b>Assigned Bus / Chaperone:</b>     | Redhawk One / Feliza Hernandez      |
| <b>Phone Number on Tour:</b>         | (972) 555-3030                      |

## Emergency Contact Information:

|                           |                              |
|---------------------------|------------------------------|
| <b>Emergency Contact:</b> | James Globetrotter           |
| <b>Relationship:</b>      | Parent                       |
| <b>Phone Number:</b>      | (972) 555-3030               |
| <b>Email Address:</b>     | james.globetrotter@gmail.com |

## Optional Excursions:

|                       |     |
|-----------------------|-----|
| <b>Versailles:</b>    | Yes |
| <b>Pisa:</b>          | Yes |
| <b>Capri:</b>         | Yes |
| <b>Greek Evening:</b> | Yes |

## Roommate Preferences:

|               |                                                                              |
|---------------|------------------------------------------------------------------------------|
| <b>Two:</b>   | John Globetrotter<br>George Traveler                                         |
| <b>Three:</b> | John Globetrotter<br>George Traveler<br>Robert Wanderer                      |
| <b>Four:</b>  | John Globetrotter<br>George Traveler<br>Robert Wanderer<br>Samuel Adventurer |

## Passport Signature Page:

## Medical / Insurance Information:

|                               |                     |
|-------------------------------|---------------------|
| <b>Food Allergies:</b>        | Gluten              |
| <b>Medicinal Allergies:</b>   | Penicillin          |
| <b>Medical Conditions:</b>    | N/A                 |
| <b>Medications:</b>           | N/A                 |
| <b>OTC Medications:</b>       | Advil (2 tabs/prn)  |
| <b>Dispense OTC PRN:</b>      | Yes                 |
| <b>Insurance Provider:</b>    | Travelers Insurance |
| <b>Group / Policy Number:</b> | 12345 / 1234556789  |
| <b>Customer Service:</b>      | (800) 555-1234      |
| <b>Physician's Office:</b>    | (972) 555-5678      |
| <b>Other Information:</b>     | N/A                 |