



DELTA COLLEGE
International/Intercultural Study Tour
Traveler Information

To be filled out by traveler at first class/orientation session (prior to the trip). A copy must be on file in the International/Intercultural office (A003) prior to trip departure. Also, include a copy of the passport page with trip participant info and photo.

(Please type or print)

Today's date _____

Trip Information

Instructor/Advisor/Trip Leaders: 1. _____ 2. _____

Trip: _____ Dates: _____

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Student # or Employee ID (optional): _____

Female _____ Male _____ Smoker _____ Non-Smoker _____

Emergency Contact Information

PRIMARY CONTACT:

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

SECONDARY CONTACT:

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Medical Information

Medical Insurance Carrier: _____

Your Physician's Name: _____

Address: _____ Phone: _____

The following information is optional. It is requested for use only in the event of a medical emergency where you are unable to communicate in order to assist with your treatment.

Blood Type: _____ Last Tetanus Immunization: _____ Do you wear contacts: Yes _____ No _____

Do you have any allergies? Yes _____ No _____ If yes, please list _____

Please describe any medical/physical/general information you feel the trip leader should be aware of for your personal benefit and safety:

Course Information (ONLY FOR ACADEMIC CREDIT)

Course Name: _____ Course Number: _____

Instructor: _____

List title, number (if known), and dates of college courses you have taken which are related to the subject of this course. _____

Have you visited this destination before? Yes _____ No _____ If yes, When? _____
Under what circumstances? _____

Have you taken any other travel courses or trips with a college group? Yes _____ No _____
Which One, When, Where? _____

Why are you enrolling for this course? What do you hope to gain from the experience?

Signature

I certify that the above information is complete and correct to the best of my knowledge.

Signature _____ Date _____
(Student/Travel Participant)

Signature _____ Date _____
(Parent or Guardian of Student under age 18)