



D-Day 75th Anniversary Tour Traveler Information Form

Passport Information:

Full legal name **EXACTLY** as it appears on your **PASSPORT**:

Traveler 1: _____ Gender M F

Date of birth _____ Passport Country: _____

Passport Number: _____ Passport Expiration Date: _____

Preferred name (to appear on your tour name badge): _____

Traveler 2: _____ Gender M F

Date of birth _____ Passport Country: _____

Passport Number: _____ Passport Expiration Date: _____

Preferred name (to appear on your tour name badge): _____

Contact Information:

Home address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

Preferences:

Bedding preference: One (1) bed _____ Two (2) twin beds _____

Seat assignment Preference: Window _____ Aisle _____

Trip Insurance: Accept _____ Decline _____

Delta Air Lines SkyMiles frequent flyer number (optional):

Traveler 1 Membership Number _____

Traveler 2 Membership Number _____

Known traveler number(s) (optional):

Traveler 1 **TSA Precheck** _____ **Global Entry** _____

Traveler 2 **TSA Precheck** _____ **Global Entry** _____

Dietary or other special needs: _____
