



# 2021 Washington Crossing the Delaware Tour

## Traveler Information Form

### Traveler Information:

Full legal name **EXACTLY** as it appears on your **government issued ID (e.g. driver's license)**:

Traveler 1: \_\_\_\_\_ Gender M F

Date of birth \_\_\_\_\_

Preferred name (to appear on your tour name badge): \_\_\_\_\_

Traveler 2: \_\_\_\_\_ Gender M F

Date of birth \_\_\_\_\_

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) king bed \_\_\_\_ Two (2) queen beds \_\_\_\_

Seat assignment Preference: Window \_\_\_\_ Aisle \_\_\_\_ No Preference \_\_\_\_

Trip Insurance: Accept \_\_\_\_ Decline \_\_\_\_

**Air Departure City** Des Moines \_\_\_\_ Cedar Rapids \_\_\_\_ Moline \_\_\_\_

### American Advantage number (optional):

Traveler 1 Membership Number \_\_\_\_\_

Traveler 2 Membership Number \_\_\_\_\_

### Known traveler number(s) (optional):

Traveler 1 **TSA Precheck or Global Entry number** \_\_\_\_\_

Traveler 2 **TSA Precheck or Global Entry number** \_\_\_\_\_

**Dietary or other special needs:** \_\_\_\_\_

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