Allied Travel

2027 Freedom Tour

Personal Information Form

Traveler Information:
Full legal name **EXACTLY** as it appears on government-issued ID you will be using

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 _____

Cell phone traveler 1_____ Cell phone traveler 2_____

Email traveler 1_____ Email traveler 2_____

Preferences:
Bedding preference: One (1) king bed ____ Two (2) queen beds ____

Seat assignment Preference: Window____ Aisle ____ Aisles across ____ No Preference ____

Trip Insurance: Accept_____ Decline_____

Frequent flyer number (optional)**:**
Traveler 1 Airline _____ Membership Number_____

Traveler 2 Airline _____ Membership Number_____

Known traveler number(s) (optional):

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

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

Dietary or other special needs: _____

Emergency contact name & phone: _____