

# Citizens Bank

## Event Reservation Form

Event Options – Deposit, if applicable, is due at time of reservation

Qty	TRIPS	PRICE	DATE	DEPOSIT	TRIP INSURANCE

Trip Room Type, if applicable: SINGLE    DOUBLE    TRIPLE    QUAD    *(circle one)*

Preferred Pickup Location:    New Haven    Washington    Pacific    *(circle one)*

### \*\*\*\*\* Traveler Information \*\*\*\*\*

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: (     ) \_\_\_\_\_ Cell : (     ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month/Date/Year) \_\_\_\_\_

*Please print your name as it appears on you legal identification records. This must be accurate to comply with airport security policies. May note preferred name to be used during trip.*

Roommate's Name, if applicable: \_\_\_\_\_

The Information contained in this form will be shared with the tour company and trip coordinator only. It will <b>NOT</b> be shared with any other associate of the bank nor will it be retained after the trip has been taken.
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**\*\*\*\*\* Emergency/Medical Information \*\*\*\*\***

Passenger's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Insurance/Medial Policy Numbers: \_\_\_\_\_

Please list any medications currently used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Specific medical problems (i.e., high blood pressure, diabetes, heart problems, ect.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Diet:    Diabetic    Vegetarian    Other, specify: \_\_\_\_\_

\_\_\_\_\_

Will you require a wheelchair in airports:    **YES**    **NO**    (*circle one*)

Do you have a pace maker? :    **YES**    **NO**    (*circle one*)

Do you have any other special needs? Please specify: \_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

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