

# IMPORTANT - Passenger Information Data

The US TSA, countries you travel to or some suppliers of the program you have requested require additional passenger data we need to obtain from you directly. Please complete this form and return it to us as soon as possible. Thank you for your cooperation. This data will only be used for the purpose to fulfill specific legal country regulations related to passenger information on arrival/departure or border crossing.

1) Who can we contact in case of an emergency? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

2) Do any of the passengers traveling with us have any special medical needs or conditions that we should be aware of? NO / YES Who? : \_\_\_\_\_

Explain further: \_\_\_\_\_

3) Please fill out for each passenger. (If any passenger is not a US Citizen, please indicate citizenship next to passport number.)

## PAX 1

Name: \_\_\_\_\_

Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

## PAX 2

Name: \_\_\_\_\_

Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

## PAX 3

Name: \_\_\_\_\_

Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

## PAX 4

Name: \_\_\_\_\_

Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

4) If *My Exclusive Journeys* is NOT handling your international flights, please provide the following information:

Arrival: Date / Airline / Flight Number/ Arrival Time: \_\_\_\_\_

Departure: Date / Airline / Flight Number/ Departure Time: \_\_\_\_\_

**Please mail to 2450 SW 137<sup>th</sup> Ave \* Suite 207 \* Miami, FL 33175, fax to: 1-786-924-2020 or email to [info@myexclusivejourneys.com](mailto:info@myexclusivejourneys.com)**