



Passenger Information Sheet, CHCC 2010 Dominican Republic Mission Trip- June 2010

<u>Last Name (Passport or Drivers License)</u>		
<u>First Name (Passport or Drivers License)</u>		
<u>Middle Initial</u>		
<u>Do you prefer a nickname?</u>		
<u>Street Address</u>		
<u>City</u>		
<u>State/zip</u>		
<u>Country</u>		
<u>Telephone (Day/Evening)</u>		
<u>E-Mail address</u>		
<u>Occupation</u>		NA
<u>Birthplace (City, State/Country)</u>		
<u>Citizenship</u>		
<u>Birthdate (Month/day/year)</u>		<u>Age at time of travel</u>
<u>Passport Number</u>		
<u>Date of Issue (Month/day/year)</u>		
<u>Expiration Date (Month/day/year)</u>		
<u>Place of Issue</u>		
<u>Name of Emergency Contact</u>		
<u>Address</u>		
<u>Emergency Contact Phone Number</u>		
<u>Name of Passenger with whom you will be traveling</u>		(Jeremy Green is the Group Leader)

Please return this form to: Leonard Passmore
 Summit Travel
 2111 W. Mountcastle Dr. Suite 1
 Johnson City, TN 37604