

Clown Registration Form

Please type your name as it appears on your passport. It is now MANDATORY that your name EXACTLY matches your PASSPORT and or ID. PLEASE confirm your name EXACTLY matches before you authorize ticketing.

First Name

Middle Name

Last Name

Permanent Address

City

State

Zip Code

Phone Number

Email

Passport #:

Date of Expiration:

Birthdate (04/06/1982)

If under 18, please provide a parent's contact information (Name, Email, Phone number):

Emergency Contact Person (Name, Email, Phone Number):

Medical illnesses/conditions you are now being treated for: (Ecuador has a very high altitude, please notify us if you foresee any medical conditions that may cause you to have trouble breathing)

Current Medications:

Dietary Preferences: (i.e. vegetarian)