

Destination/dates of clown
tour_____

CLOWN TRAVEL Registration

Name:
First_____Middle_____Last_____

Permanent Address:
Street_____

City_____Zip_____

Phone number, residence_____

Phone number, cell_____

Email address_____

Passport #_____

Date of expiration_____

Birthdate, Month/date/year_____

If under 18, please give a parent's contact info:

Name_____

email address_____

phone_____

cell_____

Emergency contact person:

Name_____

Address_____

Phone #_____

Cell #_____

Medical Illnesses/ conditions you are now being treated for:

Current Medications:

Dietary
preferences:(vegetarian,etc)
