

Cycle of Hope 2012

PERSONAL IDENTIFICATION:

NAME: _____ ADDRESS: _____

HOME PH.: _____ BUSINESS PH.: _____ CELL: _____

CLASS OF DRIVERS LICENSE: _____ DRIVERS LICENSE NO: _____

PASSPORT NO.: _____

IS THERE ANY REASON WHY YOU WOULD BE DENIED ENTRY INTO THE U.S.A. _____

FORM OF PHOTO ID: (Circle all that apply)

Drivers License Birth Certificate or Passport

Please attach a photocopy of your photo i.d.

IN CASE OF EMERGENCY:

(1) NAME: _____

(2) NAME: _____

PHONE: _____

PHONE: _____

MEDICAL:

BLOOD TYPE: _____ MEDICATIONS: _____

ALLERGIES: (please list) _____

FAMILY PHYSICIAN & PHONE: _____

TRAVEL INSURANCE:

(1) INS. CO: _____

(2) INS. CO: _____

GROUP. NO: _____

GROUP. NO: _____

TELEPHONE NO: _____

TELEPHONE NO: _____

ITEMS OF VALUE (TO DECLARE):

BIKE MAKE: _____ MODEL: _____ SERIAL# _____

CAMERA MAKE: _____ MODEL: _____ SERIAL# _____

OTHER: _____