COSTA RICA CONNECTION
Nature & Adventure Travel
1124 Nipomo St., #C, San Luis Obispo, CA 93401
1-800-345-7422 • (805) 543-8823 • fax: (805) 543-3626
www.crconnect.com • email: tours@crconnect.com
CST #2014742-40

PASSENGER INFORMATION SHEET

(Please print clearly or type all information)

NAME OF PARTY: _____

Dates of Travel: _____ No. of Passengers: _____

Address: _____

_____

_____ Day Phone: _____

Email: _____ Night Phone: _____

NAMES OF ALL PASSENGERS (as they appear in their passports):

1. _____ age _____ 4. _____ age _____
2. _____ age _____ 5. _____ age _____
3. _____ age _____ 6. _____ age _____

ROOMING ARRANGEMENTS PREFERRED:

I will be sharing a room with: _____

I (we) prefer: (check appropriate box) ? 2 double beds ? 1 queen or king bed

? other (describe) _____

DIETARY RESTRICTIONS: (pease specifiy if any): _____

PHYSICAL LIMITATIONS:

Do you have any physical disabilities that require special arrangements? ? yes ? no

If yes, what special arrangements are necessary? _____

INTERNATIONAL FLIGHT INFORMATION:

Airline for flight ***into and out of*** Costa Rica: _____

Date arriving in Costa Rica: _____ Arrival Flight No. _____

Arrival City (San José or Liberia):_____ Arrival Time: _____

Date departing from Costa Rica: _____ Departure Flight No. _____

Departure City (San José or Liberia):_____ Departure Time: _____

In case of Emergency please notify: Name: _____ Relation: _____

Address: _____ Phone: _____

Please return completed form to Costa Rica Connection as soon as possible. Thank you.