**Travelbound Music Tours - Passenger Manifest and Dietary Requirements form**

**Please note:** This must be returned at least 14 weeks prior to departure

Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booking Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be advised that we require a *typed* list of all the names of the members of your party, including staff. If you run out of space, keep typing and the boxes will expand automatically.

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|  | **Title** | **First names** | **Surname** | **Age\*** | **Dietary requirements\*\*****medical problems** |
| ***EX*** | *Mr* | *John* | *Smith* | *32* | *Lactose intolerant* |
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|  | **Title** | **First names** | **Surname** | **Age\*** | **Dietary requirements\*\*****medical problems** |
| *EX* | *Mr* | *John* | *Smith* | *32* | *Lactose intolerant* |
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**Totals**

|  |  |
| --- | --- |
| Number of boys |  |
| Number of girls |  |
| Number of men |  |
| Number of women  |  |
| TOTAL  |  |

**EMERGENCY CONTACT DETAILS:**

Contact number for Party Leader whilst on tour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person at school while the group is on tour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24-hour number for the Emergency Contact Person at school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Age on return from tour/ Please state if over 18

\*\* Please add any additional information on a separate sheet of paper if necessary. Note that pre-existing medical conditions must be declared to the insurance company separately.