UTS
UNIVERSAL TRAVEL SYSTEM

TOUR MEMBER INFORMATION FORM

Please complete this form (print or type) as soon as possible and return to our office.

Attach Photograph

Last Name_____
(as it appears in passport)

First Names_____
(as it appears in passport)

Mailing Address:_____
Street City

_____
State Zip

Shipping Address:_____
(for UPS, Fed-Ex, if different from above) Street City

_____
State Zip

Phone: Home_____ Office_____ Fax:_____

Email_____ Marital Status_____ Maiden Name_____

Birthdate_____ Place_____

Citizen of_____ Nationality at Birth_____

If Naturalized – Place and Date_____

Race_____ Sex_____ Age_____ Weight_____

Height_____ Hair_____ Eyes_____ Religion_____

Occupation_____ Length of time employed_____

Name and address of Employer_____

_____

Passport No_____ Issued at_____

Date Issued:_____ Expires:_____

If your passport has been applied for, please supply information as soon as possible

Father's Full Name_____ Mother's Full Name_____
(Underline maiden Name)

Place/Date of Fathers Birth_____ Place/Date of Mother's Birth_____

In Case of Emergency notify:_____ _____
Name Relationship

Address:_____
Street City State Zip

Phone:_____ Fax:_____ Email:_____