



Guest Information Form

Lead Guest / Guest 1: Personal Information:

Name (exactly as it appears on your passport): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Date of Birth: _____

Passport Number: _____ Issuing Country: _____

Issue date: _____ Expiration Date: _____

How can we reach you while you're traveling?

Mobile Phone Text Message Other _____

WhatsApp Skype _____

Email _____

Important Medical Condition(s):

Departure Date from the U.S.: _____

Room Preferences:

- Nonsmoking Smoking
 Queen or King Bed Two Twin Beds
 Please send details on room upgrades and prices

Final Document Preferences:

- Paper Documents to be mailed Electronic Documents to be emailed AXUS Travel App
 Ticket Wallet Luggage Tags

Notes & Comments:

Guest 2:

Name (exactly as it appears on your passport): _____

Email: _____

Mobile Phone: _____ Date of Birth: _____

Passport Number: _____ Issuing Country: _____

Issue date: _____ Expiration Date: _____

How can we reach you while you're traveling?

Mobile Phone Text Message Other _____

WhatsApp Skype _____

Email _____

Guest 3:

Name (exactly as it appears on your passport): _____

Email: _____

Mobile Phone: _____ Date of Birth: _____

Passport Number: _____ Issuing Country: _____

Issue date: _____ Expiration Date: _____

How can we reach you while you're traveling?

Mobile Phone Text Message Other _____

WhatsApp Skype _____

Email _____

Guest 4:

Name (exactly as it appears on your passport): _____

Email: _____

Mobile Phone: _____ Date of Birth: _____

Passport Number: _____ Issuing Country: _____

Issue date: _____ Expiration Date: _____

How can we reach you while you're traveling?

Mobile Phone Text Message Other _____

WhatsApp Skype _____

Email _____