

Rotary Guatemala Service Teams
 Service Team Member's Travel Information Sheet

First Name	Middle Name(s)	Last Name(s)
Home Street Address		
City	State/Province	Zip/Postal Code
Date of Birth	City & State of Birth	
Home Telephone	Daytime Telephone	Email Address
Passport Number	Passport Expiration	Country of Issue
Name Exactly as it Appears on Passport		
Name of Emergency Contact (While in Guatemala)		
Address of Emergency Contact		
Daytime Telephone	Nighttime Telephone	Alternate Telephone
Medical Contact (Primary Physician or Clinic Name)		Medical Telephone
Significant Allergies (Optional, only necessary should you require help)		
Prescription Medication You're Bringing to Guatemala (Optional, only necessary should you require help)		
Significant Medical Conditions (Optional, only necessary should you require help)		