



Y-KIKI GROUP TRAVEL SIGN-UP SHEET

Destination: _____ **Dates:** _____

REGISTRATION INFORMATION:

Traveler 1

Full Legal Name (as it appears on your passport): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: _____ (H) _____ (W) _____ (C)

E-mail: _____

Passport Number: _____ DOB: _____ Gender: _____ Shirt Size: _____ Seat Preference: A M W

Passport Expiration: _____ Diving Insurance Plan # _____ Diving Agency/Rating: _____

Total # of Dives: _____ Date of last dive(s): _____ Where? _____ Nitrox Cert. #: _____

GENERAL NOTES (Please make us aware of any food or medical allergies/issues, floor/stair requirements): _____
(use the back of this form if necessary)

Traveler 2

Full Legal Name (as it appears on your passport): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: _____ (H) _____ (W) _____ (C)

E-mail: _____

Passport Number: _____ DOB: _____ Gender: _____ Shirt Size: _____ Seat Preference: A M W

Passport Expiration: _____ Diving Insurance Plan # _____ Diving Agency/Rating: _____

Total # of Dives: _____ Date of last dive(s): _____ Where? _____ Nitrox Cert. #: _____

GENERAL NOTES (Please make us aware of any food or medical allergies/issues, floor/stair requirements): _____
(use the back of this form if necessary)

EMERGENCY CONTACT INFORMATION:

Name(s): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: _____ (H) _____ (W) _____ (C)

E-mail: _____

We also kindly request a scanned or photocopy of your passport(s) be sent to our office.

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