



# Whittier College WWII and Western Europe Trip

## Registration Form

Complete and Return to Caroline Galvin: cgalvin@whittier.edu or 562.464.4597 (fax)

**(Please print carefully) – Your name MUST match your passport EXACTLY as it appears or will appear.**

Last Name	
First Name	
Middle Name (include if it appears on passport)	
Address 1	
Address 2	
City, State, Zip code	
Phone	
Email	
Male or Female	
Date of Birth (MM/DD/YR)	
State (or Province) and Country of Birth	
Person(s) Traveling with you	
Emergency Contact (Not on this trip)	
Relationship of Emergency Contact	
Phone Number of Emergency Contact	
What Country Issued your Passport	
Passport Number	
Passport Issue Date (MM/DD/YR)	
Passport Expiration Date (MM/DD/YR)	
Allergies or Chronic Medical Conditions	
Do You Require Special Meals? Please Specify (Vegatarian, vegan, gluten free, kosher, etc.)	
Do You Have Any Disabilities or Special Needs?*	
Please Specify	

\* If you need special assistance, TRC will make every effort to accommodate your needs. Please be aware that many hotels and restaurants are not handicapped accessible, and motor coaches are not equipped with wheelchair lifts. If you need assistance for walking, dining, using transportation, or other personal needs, you should be accompanied by a qualified companion.

Traveler Signature: X \_\_\_\_\_

Parent/Guardian Signature (if applicable): X \_\_\_\_\_