

## Application Form

Return 1 application for each traveler

**Mail application with deposit payment to:**

### “Kohlhauer Heritage tour”

#### **Foote Loose Travel**

320 43<sup>rd</sup> Ave. NW, Rochester, MN 55901 - Tel. 507-287-0547  
e-mail: elkea@charter.net

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**Tour dates: 05/15/16 – 05/27/2016**

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#### **Passenger Information**

*Please record the information exactly as it appears on your passport.  
This information may be sent later if you have not yet obtained your passport.*

First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Middle Name: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell or work phone \_\_\_\_\_

Passport Nr: \_\_\_\_\_ e-mail: \_\_\_\_\_

Passport expiration date: \_\_\_\_\_ Emergency contact name: \_\_\_\_\_ Phone \_\_\_\_\_

Passport Authority: \_\_\_\_\_

#### **Deposit Payment information**

Enclosed is my check payable to **Foote Loose Travel** in the amount of \$ \_\_\_\_\_

**Date** and place of **birth**: \_\_\_\_\_

Dietary Needs \_\_\_\_\_

**Sleeping Preference** (circle one): Double Bed Twin Beds **Roommate:** \_\_\_\_\_

**Single supplement** \$ \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ **Travel Insurance requested:** Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and agree to the terms and conditions on the tour brochure. I understand that I am required to have a passport valid **6 months beyond the return date of the tour.**

Departure airport: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Return airport: \_\_\_\_\_

(if different than departure airport)