

APPLICATION FOR THE LYDON Scotland-Isle of Man Trip– September, 2012

Name:_(include nickname if you wish)_____

Full Official Passport name:_____

Mailing Address_____

City:_____ State:_____ Zip:_____

Telephone Daytime:_____ Evening:_____

E-Mail:_____ Print E-Mail address again_____

US Citizenship? Yes____ No ____ If no, what country?_____

Date of Birth:_____ Passport #:_____

(you can e-mail passport information later)

Place Passport Issued:_____ Date of Issue_____

Date Passport Expires:_____

(Note: If passport expires before December 1, 2012, you should renew it.)

Emergency Contact While Out of the Country:

Name_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ Evening:_____ E-Mail_____

Trip Roommate:_____

(Put "single" if you are planning to room alone; put "need" if you're looking for one.)

Do you have any significant illness requiring regular care of a physician? (if yes, describe briefly)

A note about medications: We will require that you supply us with a complete list of your medications before departure.

Have you been hospitalized in the last 5 years?

If you are age 70 or older at the time of travel, we require that you get the approval of your physician.

Previous International Travel? Yes____ No____ If yes, when, where, with whom?

Briefly state your reasons for wishing to join the Lydon 2012 Scotland-IOM Trip.

List Questions/Subjects that you would like to have covered that have not been answered or covered so far.

Previous Group Travel? Traveling with a group requires a certain degree of "surrendering" to the dictates of the group. Have you been involved in group travel before? Yes _____ No _____ If yes, describe the circumstances.

Do you think you'll be able to adjust to being with a group?

Pre-Trip Sessions: (6/10; 7/29;9/2) Are you planning to attend the three required pre-trip sessions? ___Yes___No (If "no," then you will not be accepted in the group unless you live over 150 miles away.

Independent Air Travel – Are you planning to use air arrangements separate from that of the group? Frequent flyer miles on another airline, etc. Your trip price will be lowered by the amount of the airfare portion. _____Yes _____No

Statement of Understanding: I have read the attached materials and understand the requirements to be part of this group including timely payment of fees, attendance at the pre-trip sessions and willingness to adjust my individual needs to those of the group. I also understand that Sandy Lydon and Pacific Harbor Travel reserve the right to accept or reject any person as a member of this group.

Signed: _____ Date: _____

Return this form and a check for \$1,000 made out to Pacific Harbor Travel to:

Wendy Simon, Pacific Harbor Travel, 519 Seabright Ave., Santa Cruz 95062