

SMITH DIVING ADVANCE PASSENGER INFORMATION AND CONFIRMATION

PLEASE COMPLETE FORM AS ACCURATELY & NEATLY AS POSSIBLE
FLIGHT/TRIP INFORMATION WILL BE COMPLETED BY SMITH DIVING AND A COPY OF THIS
FORM WILL BE RETURNED TO YOU AS A CONFIRMATION FOR YOUR TRAVEL.

DESTINATION _____

FULL LEGAL NAME (As it appears on passport/birth certificate)

FIRST (Given)	MIDDLE	LAST (Surname)
/ / DATE OF BIRTH MO/DAY/YEAR	GENDER	

PASSPORT NUMBER	AUTHORITY (From Passport) i.e. Charleston Passport Center
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LIST FAMILY OR FRIENDS YOU ARE TRAVELING WITH

EMERGENCY CONTACT INFORMATION

PLEASE LIST INDIVIDUAL(S) WE SHOULD CONTACT IN CASE OF EMERGENCY DURING TRIP

NAME	RELATIONSHIP	PHONE
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THE FOLLOWING INFORMATION TO BE COMPLETED BY SMITH DIVING

DESTINATION	AIRLINE
DEPARTURE DATE	RETURN DATE
DEPARTURE FLIGHT NUMBER	RETURN FLIGHT NUMBER
DEPARTURE TIME	ARRIVAL TIME
DEPARTURE AIRPORT/TERMINAL	ARRIVAL AIRPORT/TERMINAL
CONFIRMATION NUMBER	PHONE # FOR FLIGHT INFO.

ALL DATES AND TIMES ARE LOCAL

PLEASE MAIL OR FAX THIS FORM TO SMITH DIVING – 7500 UNIVERSITY AVE NE, FRIDLEY, MN 55432
PHONE: 763-574-1280 FAX: 763-574-7532