



## PASSENGER INFORMATION FORM

### DOCUMENTATION OF CITIZENSHIP (As per passport)

Full Name: \_\_\_\_\_  
Title First Middle Name Last

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City Province Country Postal Code

Home Phone: ( ) Gender: ☐ Male ☐ Female

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Passport: \_\_\_\_\_  
Passport Number Date of Issue (MM/DD/YY) Date of Expiration (MM/DD/YYYY)  
Country of Issue

Sharing room with: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Full Name: \_\_\_\_\_  
Name of someone not traveling with you Relationship

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City Province Country Postal Code

Daytime Phone: ( ) Evening Phone: ( )

### CREDIT CARD INFORMATION

Paid By: ☐ Visa ☐ MasterCard ☐ Amex ☐ Diners ☐ Discover

Address: \_\_\_\_\_  
Credit Card Holders Name Credit Card Number Exp. Date(MM/YYYY)

### MEDICAL INFORMATION

Check with your physician for optional vaccines such as: hepatitis...etc.)

- 1) Do you have any medical conditions we should know about? \_\_\_\_\_
- 2) Do you have any life threatening allergies? \_\_\_\_\_
- 3) If yes to the above question please provide details, name of your physician and your physician's telephone number. \_\_\_\_\_
- 4) DO YOU HAVE MEDICAL INSURANCE? IF YES, PLEASE PROVIDE DETAILS INCLUDING YOUR POLICY NUMBER – THE INSURANCE COMPANY AND CONTACT NUMBER \_\_\_\_\_
- 5) Are you a member of Aeroplan or it's partners? \_\_\_\_\_