

OLLI ALASKA DOCUMENTATION FORM

Please fill out one form per trip participant as soon as you've signed up with and paid the deposit to Great Western tours, purchased the required travel insurance, reviewed the State Department's STEP program, and read the CDC Recommendations for Cruise Travel.

You may fill out and submit this form via regular mail to trip coordinator Barbara Stocker at 323 N. Jefferson Ave., Fullerton, CA 92832 or by email to barbara.stocker48@att.net.

Name as it appears on your passport: _____

Passport no.: _____ Date passport expires: _____

Cell phone that you will take on the trip: _____

Your e-mail address: _____

Emergency contact: _____ Relationship to you: _____

Emergency contact's phone: _____ and e-mail address: _____

Are you signing up for single or double accommodations? Underline one.

If double, name of roommate: _____

Date you paid your deposit to Great Western Tours: _____

Have you purchased travel insurance? _____

Does your travel insurance include coverage for pre-existing medical conditions and medical evacuation for this trip? _____

Travel Insurance Provider and Policy Type: _____

Travel Insurance Policy No.: _____ Date of purchase: _____

The CDC recommends that those travelling on a cruise be current on COVID-19 vaccinations. Will your COVID-19 vaccinations be current as of the departure date? _____

Enrollment in the U.S. State Department's STEP program is suggested. Do you plan to enroll in STEP? _____

Any special needs while on the trip? _____

If any of the above information changes, please notify trip coordinator Barbara Stocker.

Trip Coordinator:

Barbara Stocker (714) 504-8017 barbara.stocker48@att.net

323 N. Jefferson Ave.
Fullerton, CA 92832