



Personal Travel Itinerary

Date & Time of Arrival: _____

Place of Arrival: _____

Airline: _____ Flight #: _____

Your Hotel:

Date(s) of Hotel Stay: _____

Name of Hotel: _____

Address & Phone Number: _____

Staying with Another Participant? Who? _____

Your Departing Flight:

Date & Time of Departure: _____

Place of Departure: _____

Airline: _____ Flight #: _____

IMPORTANT: In case of a last minute change to our schedule (weather, etc.), it is critical that we be able to reach you quickly to inform you of the change. Please provide a phone number where we can reach you during the few days just prior to your trip.

Phone (cell, home or business): _____

Email (one you check regularly): _____

Person to leave message with: _____
(If someone other than yourself)