



BLUE BEE ODYSSEYS
Registration Form

Odyssey Name:

Odyssey Date:

Name(as it appears on your passport):

Street Address:

City:

State:

Zip:

Country:

Date of Birth:

Phone:

Email:

Passport Information

Passport Number:

Nationality:

Date of Issue:

Date of Expiration:

Place of Issue:

Emergency Contact Information

Name:

Phone:

Email:

Dietary Preferences Do you have special dietary requirements, allergies, and/or preferences that you would like us to know about for this journey?

Health Information Do you have any health limitations that may affect your ability (or the ability of others) to safely participate in this journey?

We travel, initially, to lose ourselves; and we travel next to find ourselves. We travel to open our hearts and eyes and learn more about the world than our newspapers accommodate. Pico Ayer

Briefly, tell us why you are drawn to this odyssey. What is your intention?