

**BLUE BEE ODYSSEYS
Application Form**

Tour Name: _____ Tour Date: _____

Name (as it appears on your passport) _____

Street Address _____

City _____

State _____ Zip Code _____ 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 conditions 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 will accommodate."
Pico Iyer

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

Traveler Agreement - By completing this Booking Form and signing my name below, I acknowledge that I have read, understand, and agree to Blue Bee Odysseys Terms & Conditions and Waiver of Liability, Assumption of Risk, and Indemnity Agreement.

NAME: _____ Date: _____