

Participant Information Sheet

International Zoological Expeditions, Inc.

210 Washington Street, Sherborn, MA 01770

Phone: 508-655-1461 E-mail: ize2belize@aol.com

WEB Site: <http://www.ize2belize.com>

Name (as it appears on passport) _____

Passport Number _____ Country of Origin _____

Date of Birth _____ Phone Number _____

Permanent Address: Street _____

City _____ State _____ Zip _____

E-Mail Address: Home _____ Work _____

Travel Dates: From _____ To _____

School Group Name _____

International Flight Information

Arriving in Belize: Date: ___ - ___ - ___ Flight# _____ Airline _____ Time _____

Departing Belize: Date: ___ - ___ - ___ Flight# _____ Airline _____ Time _____

Emergency contact _____

Relationship to you _____ Phone Number _____

Do you have any physical or medical limitations? If so, please explain: _____

List any/all allergies _____

Special Dietary Needs* _____

*Important note: Please, inform IZE staff upon arrival if you have any special dietary needs. They will be happy to accommodate you.

If you are a certified diver planning to dive during your stay in Belize you must include your Scuba Certification Number on this form: _____

Are you interested in Discover Scuba courses in Belize to learn to dive? _____

Hotel Information if other than IZE sites:

Hotel: _____ Dates: _____

Signature _____ Date _____