

GUEST INFORMATION FORM (GIF)

All items on this form are requi Please immediately return one	, ,	•	ır tickets	and confirm accuracy.	
Are you resubmitting this form with revised information?		? □ Yes	□No	Date:	
	ure to provide this inform	nation may	result ir	e, date of birth and gender n one or more of the following: k-in and denied boarding or travel.	
Clearly print your full legal in result in charges for reissuing t		your pas	sport. Ir	ncorrect, illegible information will	
Title: □Mr □Mrs □M	iss Other				
Guest First Name	Middle Name		Last	Name & Suffix (if applicable)	
Street Address (No P.O. Boxes)	Ci	ity	State	Postal Code	
Email Address			Gend	der: □ Male □ Female	
() Primary Phone	() Alternate Phone		Birth	Date (MM/DD/YYYY)	
Passport #	Issuing Country		Expir	ration Date (MM/DD/YYYY)	
Occupation					
Booking #	ing # Departure Date		Itinerary Name		
Name Badge — Please provide an alte appear as it does on your reservation.		ne for your r	name badg	ge, if desired. Otherwise, your name will	
Passports & Visas: Passports a also be required. Please note th and obtain all required visas an	nat it is the guest's respo		_	3	
	EMERGENCY CONTA	CT INFOR	MATIO	N	
Last Name	First Name		Relat	ionship to Guest	
E-mail Address			Phon	ne Number	
To return, fax to +61 2 9929 3	256. Via email: australia	.operation	ıs@vikind	gcruises.com	

By mail: Viking River Cruises, Attn: Operations/PIF to the address below.