



PLEASE FILL-OUT AND RETURN 72 HOURS BEFORE FLIGHT SCHEDULED.

Fax: (305) 688-7588 or Email: curtisromero@bellsouth.net

PASSENGER 1:

Name: _____

Male Female DOB: _____ Weight _____

Country of Residence: _____

Citizenship: _____

Passport #: _____

Expiration Date: _____

Address: _____

PASSENGER 4:

Name: _____

Male Female DOB: _____ Weight _____

Country of Residence: _____

Citizenship: _____

Passport #: _____

Expiration Date: _____

Address: _____

PASSENGER 2:

Name: _____

Male Female DOB: _____ Weight _____

Country of Residence: _____

Citizenship: _____

Passport #: _____

Expiration Date: _____

Address: _____

PASSENGER 5:

Name: _____

Male Female DOB: _____ Weight _____

Country of Residence: _____

Citizenship: _____

Passport #: _____

Expiration Date: _____

Address: _____

PASSENGER 3:

Name: _____

Male Female DOB: _____ Weight _____

Country of Residence: _____

Citizenship: _____

Passport #: _____

Expiration Date: _____

Address: _____

PASSENGER 6:

Name: _____

Male Female DOB: _____ Weight _____

Country of Residence: _____

Citizenship: _____

Passport #: _____

Expiration Date: _____

Address: _____
