

**EMERGENCY INFORMATION**

NAME AS IT APPEARS ON PASSPORT: \_\_\_\_\_

GO TRIP: \_\_\_\_\_

OBU ID NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

AGE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

YOUR PERMANENT ADDRESS (INCLUDING STREET, CITY, STATE, ZIP):  
\_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ PASSPORT EXPIRATION: \_\_\_\_\_

PASSPORT PLACE OF ISSUE: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

**BENEFICIARY INFORMATION AND CONTACT**

BENEFICIARY FOR INSURANCE PURPOSES: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ BENEFICIARY'S PHONE: \_\_\_\_\_

BENEFICIARY'S EMAIL: \_\_\_\_\_

**ONE ADDITIONAL EMERGENCY CONTACT**

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S PHONE: \_\_\_\_\_

PARENT/GUARDIAN'S EMAIL: \_\_\_\_\_

**WHERE WOULD YOU LIKE YOUR PLANE TICKET TO ORIGINATE AT WHEN LEAVING THE US? (CIRCLE ONE)**

OKC            D/FW            HOUSTON            KANSAS

(TO LEAVE FROM ANOTHER AIRPORT, YOU MUST CHECK WITH GO CENTER STAFF)

**WHERE WOULD YOU LIKE YOUR PLANE TICKET TO RETURN TO?** \_\_\_\_\_