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Membership Application

PLEASE ATTACH RECENT PHOTO OF TRAVELER

After completing this form please send it to:

Special Excursions Travel Club
PO Box 572
Acton, California 93510 - 0572

Applicants should be 18 years of age before they apply. If you have any questions please call Neil Menzies at 661-733-3670. If you don't have a recent photo please call and we can come out and take a digital one.

Please use name as it appears on the passport. If no passport then as on the state photo ID. No nicknames please!

Travelers Name First _____ Middle _____ Last _____

Street _____ City _____ State _____ Zip _____

Email _____

Phone Number _____ Mobile _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Height _____ Weight _____ Eye Color _____ Hair Color _____ Is traveler conserved? ()YES ()NO

Current state issued photo ID ()YES ()NO Current passport? ()YES ()NO

Passport Number _____ Date of issue _____ Expiration date _____

Country that issued the passport _____ USA Passport Only: Agency who Authorized: On a newer passport it probably is the United States Department of State but on an older passport it could be the Los Angeles Passport Agency or the Miami Passport agency or the National Passport Center etc. _____

All airlines require current state issued photo ID or a current passport for boarding any aircraft. A current passport is required for all international travel. For passport information and application forms go to the U.S. State Departments WEB Site at www.travel.state.gov/passport/index.html There is information on where to get a passport and you can download the forms that you need. It takes up to 8 weeks to obtain after applying. The cruise lines and TSA require passport information before we depart and that is why we are requesting it.

PERSON TO CONTACT ON FIRST AND LAST DAY OF TRAVEL FOR PICK UP/ DROP OFF COORDINATION

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Phone Number _____ Mobile _____ Email _____

PERSON WHO GETS THE TRAVELER'S ITINERARY, FLIGHT INFORMATION, PACKING LISTS

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Phone Number _____ Mobile _____ Email _____

IF CONSERVED NAME OF CONSERVATOR

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Phone Number _____ Mobile _____ Email _____

REGIONAL CENTER SERVICE COORDINATOR

Name _____ Regional Center _____

Street _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Traveler's Name _____

LIVING SITUATION Group Home Residential Facility With Family Lives Independently

NAME OF QMRP IF LIVING IN GROUP HOME _____
email _____ Agency _____

COGNITIVE/MENTAL STATUS Mild Moderate Severe
 Schizophrenia Cerebral Palsy Mental Illness Autism Other _____

MEDICAL CONDITIONS

Medical Insurance YES NO MEDI-CAL MEDICARE PRIVATE # _____

Food Allergies None Yes Please List _____

Seizures None Controlled Uncontrolled Date of last seizure ____/____/____

Diabetes Insulin Controlled Med Controlled Diet Controlled

Dietary Limitations/Restrictions None Yes Describe _____

Vision OK If other describe _____

Hearing OK If other describe _____

Communication OK If not please describe _____

Sign Language Yes No

Mobility OK Uses Manual Wheelchair Uses Electric Wheelchair Walker Cane

Needs Wheelchair only for distance Needs Lift Van

SOCIAL BEHAVIOR

Appropriate If not please describe _____

Does Traveler have a history of aggressive or destructive behavior Yes No

If Yes please describe _____

SLEEPING HABITS Sleeps soundly If other please describe _____

Traveler may room with another traveler

Traveler must room with tour staff because _____

Self Care	Totally Independent	Verbal Prompt	Physical Help	Describe Support Needed
Dressing				
Bathing				
Toileting				
Shaving				
Medication				
Eating				

SWIMMING Swims well Shallow end only Must wear float Hot Tub Yes No

STREET SAFETY Will stay with group May wander

MONEY SKILLS Staff should hold traveler's money Traveler can handle their own money

PHONE SKILLS Able to use the phone Yes No

Does traveler consume alcoholic beverages? Yes No Does traveler smoke? Yes No

Could traveler fly alone and have an escort meet them at airport Yes No

Describe any hobbies, interests, and types of vacations that traveler would like to participate in. _____

Name of Person Completing this Profile

Signature

Date

