

**Vagabond Gourmet Trip Application**  
P.O. Box 13785 Tampa FL 33681 813.835.8348 Toll Free 877.234.9744

Name of Trip: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

Your Full Name (as it appears on your passport): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Office e-mail: \_\_\_\_\_ Home e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issued From: \_\_\_\_\_ Expiration: \_\_\_\_\_

I am willing to share a double room Y\_\_ N\_\_ Smoker \_\_ Non Smoker \_\_  
I prefer a single room at supplemental cost (if available) \_\_

Please describe your health: \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

How did you find out about Vagabond Gourmet? \_\_\_\_\_

In case of emergency Notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Personal food dislikes \_\_\_\_\_ Personal food favorite's \_\_\_\_\_

Have you visited the area before \_\_\_\_\_

Activities of interest (Please add level 1-3 with 3 being *least* interesting to you)

Cooking \_\_\_\_\_ Wine Tours \_\_\_\_\_ Art Museums \_\_\_\_\_ Villages \_\_\_\_\_

Going to Markets \_\_\_\_\_ Horse Riding \_\_\_\_\_ Farm Tours \_\_\_\_\_

Tennis \_\_\_\_\_ Shopping \_\_\_\_\_ Churches \_\_\_\_\_

History \_\_\_\_\_ Hiking \_\_\_\_\_ Bicycles \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please make a copy of this form for each person traveling with you.*