**參加MyStyle Tours旅客資料**

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| 旅 客 一 (主) | | | | | | | | |
| 護照中文姓名: | | *例: 王小明* | | | | 出生日期 / 歲數: | | 性別: |
| 護照英文姓名: | *WANG Xiao Ming (David)* | | | | | 護照簽發國家: |  | |
| 簽名: |  | | | | | 簽署日期: |  | |
| 固有醫療狀況 (例如心臟病/行動不便/食物過敏等): | | | |  | | | | |
| 聯絡電話: | | |  | | | | | |
| 市中心住宿地址: | | |  | | | | | |
| 緊急聯絡人/ 關係 / 電話: | | | | |  | | | |
| 通訊軟體帳號： | | | | |  | | | |

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| 旅 客 二 | | | | | | |
| 護照中文姓名: |  | | | 出生日期 / 歲數: | | 性別: |
| 護照英文姓名: |  | | | 護照簽發國家: |  | |
| 固有醫療狀況 (例如心臟病/行動不便/食物過敏等): | |  | | | | |
| 聯絡電話: | |  | | | | |
| 地址 或 同上: | |  | | | | |
| 緊急聯絡人/ 關係 / 電話 或 同上: | | |  | | | |

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| 旅 客 三 | | | | | | | |
| 護照中文姓名: |  | | | | 出生日期 / 歲數: | | 性別: |
| 護照英文姓名: |  | | | | 護照簽發國家: |  | |
| 固有醫療狀況 (例如心臟病/行動不便/食物過敏等): | | |  | | | | |
| 聯絡電話: | |  | | | | | |
| 地址 或 同上: | |  | | | | | |
| 緊急聯絡人/ 關係 / 電話 或 同上: | | | |  | | | |

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| 旅 客 四 | | | | | | | |
| 護照中文姓名: |  | | | | 出生日期 / 歲數: | | 性別: |
| 護照英文姓名: |  | | | | 護照簽發國家: |  | |
| 固有醫療狀況 (例如心臟病/行動不便/食物過敏等): | | |  | | | | |
| 聯絡電話: | |  | | | | | |
| 地址 或 同上: | |  | | | | | |
| 緊急聯絡人/ 關係 / 電話 或 同上: | | | |  | | | |

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| 旅 客 五 | | | | | | | |
| 護照中文姓名: |  | | | | 出生日期 / 歲數: | | 性別: |
| 護照英文姓名: |  | | | | 護照簽發國家: |  | |
| 固有醫療狀況 (例如心臟病/行動不便/食物過敏等): | | |  | | | | |
| 聯絡電話: | |  | | | | | |
| 地址 或 同上: | |  | | | | | |
| 緊急聯絡人/ 關係 / 電話 或 同上: | | | |  | | | |

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| 旅 客 六 | | | | | | | |
| 護照中文姓名: |  | | | | 出生日期 / 歲數: | | 性別: |
| 護照英文姓名: |  | | | | 護照簽發國家: |  | |
| 固有醫療狀況 (例如心臟病/行動不便/食物過敏等): | | |  | | | | |
| 聯絡電話: | |  | | | | | |
| 地址 或 同上: | |  | | | | | |
| 緊急聯絡人/ 關係 / 電話 或 同上: | | | |  | | | |