

ADVENTURER'S DOC CHECKLIST

GROUP TRAVEL

ADVENTURERS' GROUP NAME:

ID:

DESTINATION:

TRAVEL DATES:

CONFIRMATION NUMBERS:

CONTACT:

TYPE OF GROUP TRAVEL:

- ☐ TRAVELER'S QUESTIONNAIRE (COGNITO)
- ☐ QUOTES
- ☐ ALL EMAILS
- ☐ BOOKING FORM (COGNITO) OR CONTRACT
- ☐ PAYMENT FORM (FOR AUTO PAYMENTS AND TRAVEL LOANS) IF APPLICABLE
- ☐ ITINERARY
- ☐ COPY OF TICKETS
- ☐ AUTO PAYMENT FORM
- ☐ COPY OF NEXION NON-ARC POSTING
- ☐ INSURANCE ACCPT / DENIAL FORMS (PER PERSON)
- ☐ ROOMMATE FORMS
- ☐ HEALTH FORM
- ☐ INTERNATIONAL TRAVEL (IF APPLICABLE)
- ☐ CODE OF CONDUCT (IF APPLICABLE)
- ☐ INSURANCE POLICIES
- ☐ NON-ARC REPORT FORM
- ☐ FOLLOW UP FORM (PER PERSON)
- ☐ TRAVELER'S FEEDBACK
- ☐ IDENTIFICATION
- ☐ TRAVELER INFO
- ☐ WAIVERS & RELEASE
- ☐ CONTACTS

THIS FORM FIRST ON RIGHT SIDE COVER OF CLIENTS FILE