



Adventure Outside The Box
Miami Art Week Pre-Travel Questionnaire

December 5-10, 2023

***Each traveler must fill out an Individual Questionnaire*

Traveler's Full Name (as it appears on Traveler's ID): _____

Type of ID you're traveling with including the State and Country issued: _____

Travel I.D./Passport/Driver's License number: _____

(Please provide a copy of your Travel Documents noted above with this form)

Sex: Male _____ Female _____ Age: _____ Date of Birth: (MM/DD/YYYY): _____

Home Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Are you sharing a hotel room (Y/N): _____ If Yes, with whom: _____

What is your room preference at the Lennox Hotel?

One Bed: _____ Two Beds: _____

Are you celebrating a special occasion during the trip (i.e; birthday, anniversary, etc)? If so, please advise:

Have you been *fully* Vaccinated against COVID-19? Yes: ____ No: ____

PLEASE NOTE: According to the current CDC Guidelines, you are considered *fully* vaccinated when:

- 2 weeks (14 days) after your dose of an accepted single-dose vaccine
- 2 weeks (14 days) after your second dose of an accepted 2-dose series
- 2 weeks (14 days) after you received the full series of an accepted COVID-19 vaccine (not placebo) in a clinical trial
- 2 weeks (14 days) after you received 2 doses of any “mix-and-match” combination of accepted COVID-19 vaccines administered at least 17 days apart*

If you don't meet these requirements, you are NOT considered fully vaccinated.

Do you have valid Proof of Vaccination (i.e.; Vaccination Card)? Yes: ____ No: ____

(Please provide a copy of your Proof of Vaccination with this form)

(PLEASE NOTE: Valid *Proof of Vaccination* is required for some events on our itinerary).

Do you have any allergies (dietary or environmental): Yes: ____ No: ____ To what: _____

Please advise of any special *food or dietary requirements*: _____

Please advise of any medications that you are currently taking (that we should be aware of):

Please advise of any physical condition or medical equipment you may have, that could create a hardship or require assistance with stairs or walking: _____

Please provide any additional travel requests or requirements:

ADDITIONAL INFORMATION:

Please complete this form in its entirety and provide applicable supporting documentation by emailing or mailing to: s.oconnell@greenboxarts.org

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