



Airport Reception Form

Personal Details

1. Enter your full name

Family Name (Surname)

Given Name

2. Enter your birth date

Day/month/year

3. Gender

Male

Female

Other

4. Enter your contact details

Home phone

Work phone

Mobile

Email

5. Passport Number

6. Citizenship (as per passport)

7. Parent/Guardian/Next of Kin

Full Name

Home phone

Mobile

Work phone

Email address

8. Emergency Contact Details (if we are unable to contact parent/ guardian)

Full Name

Mobile

Email address

Airport Pick-Up and Transfer Details

9. Flight Details

Arrival airport:

Flight number:

Departure city:

Departure time:

Arrival time:

10. Transfer to location:

Please write the Address where you want to be transferred

Street address:

City:

State:

Post Code:

Please Read and Sign Below

Please note that this completed form information will be forwarded by Aventura Institute to the nominated airport transfer service provider/s.

By signing below, I confirm that:

1. I have provided accurate and complete information regarding my flight/ arrival details
2. I agree to pay the fees in advance for the airport transfer service

NAME _____	DATE: _____
SIGNATURE: _____	
<i>For students under 18 years of age (if applicable):</i>	
PARENT/ LEGAL GUARDIAN NAME _____	DATE: _____
PARENT/ LEGAL GUARDIAN SIGNATURE: _____	