



Name :

CHECK LIST

<input type="checkbox"/> Passport No :	<input type="checkbox"/> Emergency call :
<input type="checkbox"/> Air Ticket No:	<input type="checkbox"/> Emergency call :
<input type="checkbox"/> Cash : Baht :	
<input type="checkbox"/> Cash : Country 1:	
<input type="checkbox"/> Cash : Country 2:	
<input type="checkbox"/> Cash : Country 3:	

Credit Card :

1: No: Phone :

2: No: Phone :

3: No: Phone :

4: No: Phone :

Travel Cheque :

1: No: Currency : Date :

2: No: Currency : Date :

3: No: Currency : Date :

4: No: Currency : Date :

5: No: Currency : Date :

Travel Insurance : No :

Emergency Call : 1.(Thailand) +66-.....

2.(.....).....

3.(.....).....

Emergency Call : 1)

2)

3)