

MWR TICKETS & TOURS OFFICE Building 261 Sunday – Thursday 1000-1800 mwrbahraintravel@gmail.com 1785/439-4777

CLIENT INFORMATION FORM

Before completing this form answer the following questions:

Has your command authorized your travel to the country you are inquiring about? Have you reviewed the Foreign Clearance Guide to ensure you are complying with DOD travel restrictions and have the appropriate theatre/country clearances? Have you checked to see if your destination is accepting U.S. Passports?					Yes	No
					Yes	No
					Yes	No
Are you familiar with	the quarantine A	olicies of the country?		Yes		
you are inquiring abo	out?				No	
If you have answered	d "Yes" to all of the	e above question	s, please conti	nue with this for	m.	
Requestor's Name:			Date:			
Email:						
Address:						
Are you:						
Active Duty	Active Duty Reservist Retiree DO		DOD	Contractor	Dependent	
What brings you in to	oday?					
Flight	Hotel	Tour	Cruise	Rental Car	Other	
Destination(s):						
Travel Dates: Max Budget: _						
Please complete nan	nes as stated on pa	assports. List any	additional trav	elers on the bac	k of this pa	age.
Traveler 1:		DOB:				
Traveler 2:	DOB:					
	veler 3: DOB:					
	DOB:					
Additional comment					n:	
Without complete tr are for informationa international travel t departure.	l purposes only. Pr	rices and availabil	ity are subject	to change witho	ut notice.	For
MWR Travel Use Onl	ly:					

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