Alaska Wildland Adventures

# AWA GUEST VACCINATION INFORMATION FORM

***Complete one form for each member of your travel party***

LAST NAME ON TRIP RESERVATION: _____

TRIP NAME: _____ TRIP DEPARTURE DATE: _____

GUEST NAME: _____

TYPE OF VACCINATION: __Pfizer __Moderna __Johnson & Johnson

__AstraZeneca __Other: _____

DATE FULLY VACCINATED: _____

I attest to the above information: _____

Signature Date

**PLEASE COMPLETE AND RETURN FORM ASAP**

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**Fax**: 907-783-2130