

Holt Heritage Tour Registration

Print your complete name exactly as it appe	ears on your Passport (l	LAST, First, Middle):	
Permanent Mailing Address, City, State, Zip			
Termanent Manning Address, City, State, Zip	•		
Primary Phone:		Cell Phone:	
E-Mail:		Prefered Name for Tour Name Tags:	
Occupation:		Education (if currently in school):	
Gender You Identify As:	Date of Birth:		Age at Time of Tour:
Passport Number (Please include all numbers, including zeros):		Expiration Date:	
You must have a valid United States passpo		f you do not have a pass s soon as you receive it.	port, you must apply immediately, and notify
Tour T-Shirt Size: Please indicate S, M, L, or XL and "youth" or	r "adult"):		
Please indicate which information you authorize Holt International to release to members of your tour group:	Your name:	Cell Phone: E-Mail: Home Phone:	Age: □ Please DO NOT release □ my information:
In case of emergency, please list at least one	family member NOT jo	oining the tour.	
Name:			Relationship to you:
Address:			
City:	State:		Zip:
Primary Phone:		Home Phone:	

Medical Information: Please print clearly and fill out the entire form. Please attached a separate page, if needed. Holt is requesting this as part of your background information but makes no claims regarding the provision of medical services. Holt staff and tour operators are not medical professionals and are unable to offer medical intervention beyond assisting afflicted travelers to obtain care at a treatment facility. If you require either prescription or over the counter medications you should travel with a supply that exceeds your needs for the expected length of the trip. Assume that any medications available in the U.S. are unobtainable during travel. Know your insurance coverage's conditions regarding health care while you are out of the country. This information will remain confidential. Please list current medications, including dosage & reason for taking: Please describe any known medical conditions that are currently under treatment or being monitored: Please list current ALLERGIES to medications, food, insects, or other substances: Do you have any dietary restrictions? Korean meals typically consist of beef, fish, pork, vegetables, rice and soup. (Please be aware that alternatives may be unavailable or very difficult to arrange.) Do you have any physical limitations that may limit your participation in physical activities? Have you received any psychiatric, psychological or counseling treatment during this last year? If yes, please explain. Any other major illnesses, surgeries, treatments, hospitalizations or conditions that we should be aware of? If you have a history of any of the following conditions, please explain: Arthritis Allergies Asthma Cancer Depression Diabetes **Epilepsy Heart Disease** High Blood Pressure Substance Abuse Psychiatric Disorder Rheumatism

emotions, from tremendous joy to sadness, as a result of feelings of loss. Some days can be physically and/or emotionally strenuous, with long bus rides and walks, and very hot, humid, and at times rainy weather. Food will be different from what you have experienced in the USA. Please understand that though you may have special dietary requirements, you may not always get what you want. The most important thing is to be flexible and keep an open mind. You will be a guest in a foreign country, and the rules at home may not apply. The following questions will help us get to know you better, and help you think about how you will handle these new and exciting experiences. You are welcome to use additional pages. Please share your hopes and expectations for your trip to Korea. Have you ever traveled to a foreign country? What was it like for you? Describe a loss or a difficult situation you have experienced in your life, and how you handled it.

The Holt Heritage Tour to Korea can be both exciting and challenging. It will undoubtedly be one of the most profound experiences in your life. You may encounter things that you may only have imagined: Aspects of another culture, a connection to a heritage you might not know much about, and new feelings you might not have expected. On this trip you will probably experience a wide range of

THIS PAGE TO BE COMPLETED BY ADOPTEES.

*If you were not adopted through Holt International in the USA (Holt in Korea works with different US agencies), please send us copies of all adoption records you have, from both your Korean and US adoption agencies. You can scan and Email them to us, or send us physical copies by mail to - Holt International, Attn: Korea Heritage Tour, 250 Country Club Rd, Eugene, OR 97401.

Korean Name (As written in your adoption documents):	Adoption Case Number:		
Name of the orphanage you were adopted from (if applicable):	City or region in Korea you were adopted from (if known):		
Do you know which agency in the United States completed your ad Holt International: Other Agency Name*:	loption?		
Do you know which agency in Korea conducted your adoption? Holt Children's Serv Eastern Child Welfa Other (Please list na	are Korea Social Services (KSS)		
Do you have information regarding your history prior to adoption?	?		
Do you wish to conduct a birth family or background check? (For A	Adoptees 18+ only)		
Name of agency and date of any prior search:			
Have you had contact with your birth family? If so, how much con	tact have you had during your life?		
If possible, would you like Holt to arrange for you to: (Please note it may not be possible for us to make the arrangements you desire. Meet your former foster family? Visit your former orphanage? If the orphanage no longer exists, visit the city where it was located	.)		
Other:			
What has your experience been growing up as a Korean Adoptee?	With your adoptive family?		
What is your understanding about how you came into care? How ((if at all) has this changed over time?		