DIAMANTE
CABO SAN LUCAS

DIAMANTE GUEST PROFILE

Member Name:

Home Adress: Street and Number:

City: | State: | Zip Code: | Phone Number: | E-mail:

Emergency Contact Name: | **Phone Number:** | **E-mail:**

Accompanying Guest

Authorized

First Name	Last Name:		Signature:	Birthday:
		Female ○ Male ○		
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:
		Female ○ Male ○	Signature:	Birthday:

Do you require transportation?

Yes I need transportation ○ | No Thanks ○ | Rental Car / Private Taxi ○ | Own Private Transportation ○ | Vendor

Arriving Date to Cabo | Arriving Time to Cabo | Flight Number | Airline

Departure Date from Cabo | Departure Time from Cabo | Flight Number | Airline

DIAMANTE
CABO SAN LUCAS

Needed Information:

Favorite Things

- ○ *Pets Names:*
- ○ *Favorite Animal:*
- ○ *Favorite Food:*
- ○ *Extreme Sports*
- ○ *Swim*
- ○ *Climb*
- ○ *Run*
- ○ *Fishing*
- ○ *Surf*
- ○ *Yoga*

○ *Other:*

_____

_____

_____

Allergies or Food Restrictions

- ☐ *Shell Fish*
- ☐ *Peanuts*
- ☐ *Sea Food*
- ☐ *Vegan*
- ☐ *Kosher Food*
- ☐ *Gluten Free*
- ☐ *Special Diet*

☐ *Other:*

_____

_____

_____

Special Celebration

- ☐ *Special Celebration*
- ☐ *Birthday*
- ☐ *Honey Moon*
- ☐ *Purchase Date*

☐ *Other:*

_____

_____

_____

*** Any pre-existing Medical Conditions please explain in more detail.

Special requirement:

Notes