

Date of form completion: (yyyy/mm/dd)

0

~Thank you for helping us to protect your health.

FERRY INFORMATION: 1. Ferry line name	2. Ferry ship name	3. Cabin/Seat Number	4. Date of disembarkation (yyyy/mm/dd)

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2	0						
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9. Age (years)

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[illegible][illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible]

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Age <18

[illegible]

PASSENGER LOCATOR FORM – FERRY SHIPS

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35. TRAVEL COMPANIONS – NON-FAMILY/NON-SAME HOUSEHOLD: Also include name of group (if any)

Last (Family) Name

First (Given) Name

Group (tour, team, business, other)

(1)

(2)

[illegible][illegible]

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