ISLAND WINGS

1641 South Perimeter Rd 34

# Ft. Lauderdale, Fl. 33309

## Passenger Manifest

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Legal Name:**  **( First , Last )** | **Date Of Birth:**  **(Month/Day/Year)** | GenderPaxWeight: | **Passport,**  **Visa, Alien Resident**  **Card #**  Please Specify | Passport  Exp.  Date | Nationality: |  |
| **1)** |  | **F** |  |  |  |  |
| **2)** |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |
| **6)** |  |  |  |  |  |  |
| 7) |  |  |  |  |  |  |
| **8)** |  |  |  |  |  |  |
| **9)** |  |  |  |  |  |  |
| **10)** |  |  |  |  |  |  |
| **To**  **TotalPax** |  | | | **Total Bag Wt.** |