

STUDENT PERSONAL INFORMATION

Europe Grand Tour 2012

Name _____ Street Add. _____
(as it appears on birth certificate or passport)

City _____ State _____ Zip _____ Home Phone (____) _____

Age (while in Europe): _____ Student Cell Ph. (____) _____

Date of Birth ____ / ____ / ____ Place of Birth (State or Foreign Country) _____ Sex ____
mon day yr

Passport #: _____ Place of Issue: _____

Issue Date: _____ Expiration Date: _____
(please write out) (please write out)

Roommate preferred (double occupancy): _____

Roommates preferred (triple occupancy): _____, _____

Roommates (quad): _____, _____, _____

Your Physician's Name: _____ Phone #: (____) _____

Do you mind rooming with a smoker? _____ Are you a strict (no meat) vegetarian? _____

List health-related problems: _____.

Student Email Address: _____.

Parent Email Address: _____.

ONLY PARTICIPANTS UNDER 21 SHOULD COMPLETE THIS SECTION -----

Name of School: _____

Name of Guardian _____ Relationship: _____
(with whom you reside)

Name of Guardian _____ Relationship: _____
(with whom you reside)

Guardians' Summer Address: _____

Guardians' Cell Phones: Father (____) _____ Mother (____) _____

If you are not living with one or both of your parents, please complete the following information:

Name(s) of Parent(s) with whom you do not reside: _____

Summer Add.: _____ Ph.: (____) _____

Please provide phone numbers where a local contact (a relative other than father or mother or adult family friend) can be contacted in case of emergency while you are in Europe:

Name of Contact: _____ Phone: (____) _____