

PARTICIPANT INFORMATION

Sojourns Abroad
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Full Name _____

Passport # _____ Expiration Date _____

Tel. Home _____ Cell _____

Address _____ E-mail _____

Flight Information to Italy France

Carrier _____ Flight # _____ Departing Date _____ at (time) _____

from (departure city) _____ Connecting to Flight # _____ Departing on (date) _____

at (time) _____ from (city of transfer) _____ Arriving on (date) _____

at (time) _____ in (specify arrival city) _____

Flight Information to USA

Carrier _____ Flight # _____ Departing Date _____ at (time) _____

from (departure city) _____ Connecting to Flight # _____ Departing on (date) _____

at (time) _____ from (city of transfer) _____ Arriving on (date) _____

at (time) _____ in (US city) _____

Emergency Contacts

Mother's Name _____ E-Mail _____

Tel. Home _____ Work _____ Cell _____

Father's Name _____ E-Mail _____

Tel. Home _____ Work _____ Cell _____

Someone other than parents who can be contacted in case of emergency

Name _____ Relation _____ E-mail _____

Tel. Home _____ Cell _____

Medical Information

Health Insurance Company _____ Policy # _____ Tel. _____

Prescription Meds. Please explain _____

Allergies (indicate severity) _____

Past Hospitalization. If yes, please explain _____

Special dietary needs e.g. vegetarian _____

Permission to Travel Independently Yes No

This information will be kept at the Sojourns Abroad office in Vermont and at the appropriate European center.

My initials here ____ indicate my willingness for you to share my name, Tel., and/or E-mail address with other participants in my session.

Enclosed is a copy of my passport photo page Yes No

A physician's report has been sent to Sojourns Abroad or is enclosed Yes No

Note: A copy of this form should be carried by participant separately from passport and tickets.