

Archdiocese of Grouard-McLennan Extra-diocesan Youth Event

Participant Information

(The Group Leader is to take a copy of this form with him/her. A copy is to be submitted to the Chancery before departure.)

| Full name Date of birth and age Home address Home phone Cellular phone Passport # (copy attached) AHC Insurance # Emergency Contact Information Full name Relationship Home address Home phone Cell phone Work phone Medical Information Medical Information Medical Information Proof of Insurance (copies of certificates attached) Medical Travel Insurer Personal Liability Insurer Transportation if Driving Vehicle make/model Transportation if Someone is Dropping You Off and Picking You Up Name of person picking up Home phone Name of person picking up Home phone | Personal Information | | | | | |
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| Home address Cellular phone Passport # (copy attached) AHC Insurance # Emergency Contact Information Full name Relationship Home address Home phone Cell phone Work phone Medical Information Medical Information Medical Information Medical Information Full name Relationship Home address Home phone Total phone Allergies Current medications Proof of Insurance (copies of certificates attached) Medical Travel Insure Personal Liability Insure Personal Liability Insure Transportation if Driving Vehicle owner Vehicle make/model Transportation if Someone is Dropping You Off and Picking You Up Name of person dropping off Home phone Name of person dropping off Home phone Name of person picking up | Full name | | | | | |
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| Personal Liability Insurer Transportation if Driving Vehicle owner Vehicle make/model Transportation if Someone is Dropping You Off and Picking You Up Name of person dropping off Home phone Name of person picking up | | | | Policy nu | ımher | |
| Transportation if Driving Vehicle owner Vehicle make/model Transportation if Someone is Dropping You Off and Picking You Up Name of person dropping off Home phone Name of person picking up | | | | | | |
| Vehicle owner Vehicle make/model License plate Transportation if Someone is Dropping You Off and Picking You Up Name of person dropping off Home phone Name of person picking up | | | | Policy III | лпреі | |
| Vehicle make/model Transportation if Someone is Dropping You Off and Picking You Up Name of person dropping off Home phone Name of person picking up | Transportation if Driving | | | | | |
| Transportation if Someone is Dropping You Off and Picking You Up Name of person dropping off Home phone Name of person picking up | Vehicle owner | | | | | |
| Name of person dropping off Home phone Name of person picking up | Vehicle make/model | | | License | plate | |
| Home phone Other phone Name of person picking up | Transportation if Someone is Dropping You Off and Picking You Up | | | | | |
| Name of person picking up | Name of person dropping off | | | | | |
| | Home phone | | Other phone | | | |
| | Name of person picking up | | | | | |
| | Home phone | | Other phone | | | |