

IYM INDIVIDUAL PARTICIPANT INFORMATION FORM

Please complete the form and return to the staff of your youth meeting 1 month before the beginning of the camp.

Please don't forget that you need to also send the Travel Information Form and bring to the camp: Health forms (1 each); Legal insurance form (ALIF – for adults aged 21+) or (TWAL - for youth aged 16 to 20).

IYM Reference number			
Host National Association		Host Chapter	

PARTICIPANT

Gender	Male		Female		Date of Birth (dd/mm/yyyy)	
National Association				Chapter		
Given Name						
Surname						
Number & Street						
Town / City						
Area / State / Province						
Country					Postcode / Zip code	
		Country Code	Area Code	Local Number		
Tel						
Fax						
Mobile Number						
E mail						

Do you have any dietary requirements that the staff would need to know? (E.g. allergies, vegetarian)

Do you have any other health requirements that the staff might need to know about prior to the camp, any types of activity that you might not be able to participate in?

