

Travel Information Form

This form is to be completed by or on behalf of every participant in a CISV international programme. It provides the host chapter with precise information on the participants' travel plans. The host chapter requires this information so that they can make the necessary arrangements. **Please send this information 2 months in advance of the programme, to the secretary of the host National Association (NA).** For Interchange, please also send a copy directly to the Local Interchange Coordinator (LIC). *Thanks for your cooperation.*

To (host NA):		From (sending chapter):	
Reference # of CISV programme			
Total number of participants from the sending chapter to this programme:			

This form relates to the participants listed below. If participants have different travel arrangements, a separate form should be sent for each group / route.

Type of participant	Number	Name(s)	
Delegates <i>(Youth members of Village, Interchange, Summer and Seminar Camp or IYM delegation or Youth/adult members of IPP delegation)</i>		1. 2. 3. 4. 5. 6.	7. 8. 9. 10. 11. 12.
Adult Leader			
Junior Leader <i>(Interchange)</i>			
Junior Counsellor (JC)			

ARRIVAL -- The above participant(s) will arrive at (please fill in the correct information):

TRAIN	Name of Train Station	Date of arrival (day / month / year)	Local time of arrival	Where is the train coming from?

AIR	Name or Code of Airport	Name of Airline and flight number	Date of arrival (day / month / year)	Local time of arrival	Where is the plane coming from?

*Arrival date should not be more than 2 days prior to the start of the programme. For Interchange, the programme begins on the day of arrival in the host NA.

DEPARTURE -- Our participant(s) will leave following the programme from:

TRAIN	Name of Train Station	Date of departure (day / month / year)	Local time of departure	Where is the train going?

AIR	Name or Code of Airport	Name of Airline and flight number	Date of departure (day / month / year)	Local time of departure	Where is the plane going?

Name and address of the person whom the host chapter should contact if any questions arise regarding travel arrangements (For example, the sending NA secretary or sending chapter representative). If you would like to give a second contact, please just copy and paste this address box and fill in the relevant information.

Given Name and Surname			
Position in the NA/Chapter			
Number & Street			
Town/City and State/Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Telephone			
Fax			
Mobile Number			
E mail			