

IACEA INFORMATION FORM

Country:	United States of America	Host Country:	
First Name:		Last name:	
Passport number		Country & Date of Issue:	
Passport expires:		Birth Date:	
Birth City & State:		Birth Country:	
Address:		Home Phone:	
		Mobile Phone:	
E-Mail:		Gender: M or F	
Cadet or Escort?			
Languages Spoken			

Activities	<input type="checkbox"/> Flying Scholarship	<input type="checkbox"/> Private Pilot License	Polo Shirt Size
	<input type="checkbox"/> Gliding Scholarship	<input type="checkbox"/> Kiting/Hang-gliding	
	<input type="checkbox"/> Gliding License	<input type="checkbox"/> Others	

Dietary Requirements:	Medical insurance name
-----------------------	------------------------

Medication and <u>all</u> medical conditions:	Insurance account number:
---	---------------------------

Name <u>and</u> address of doctor:	Doctor phone number:
------------------------------------	----------------------

Contact person in case of emergency:	Emergency contacts phone number:
--------------------------------------	----------------------------------

(Add if Mothers or Fathers etc)