**APPLICATION FOR SAIIE ALUMNI REUNION 2019**

**ALUMNI INFORMATION**

|  |  |
| --- | --- |
| **First Name**  | **Last Name**  |
|  |  |
| **Email Address**  |
|  |
| **Cell Phone**  | **Date of Birth**  |
|  |  |
| **Emergency Contact Name**  | **Emergency Contact Phone Number**  |
|  |  |

**MEDICAL, HEALTH AND DIETARY INFORMATION**

Do you have any allergies/medical (health) conditions?

Yes (please specify): [ ] No: [ ]

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Do you have any special dietary restrictions that we should be aware of?

Yes (please specify): [ ] No: [ ]

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Will you be bringing prescription medicine abroad?

Yes (please specify): [ ] No: [ ]

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**OTHER INFORMATION**

What year and semester did you study at SAIIE? ……………………………………………………..

What is your t-shirt size?

S [ ] M [ ] L [ ] XL [ ] XXL [ ]

Is anyone else accompanying you on this trip? Yes [ ] No [ ]

Name: ………………………………………………………… Relation to you: …………..………………………..

Name: ………………………………………………………… Relation to you: …………..………………………..

Name: ………………………………………………………… Relation to you: …………..………………………..

Name: ………………………………………………………… Relation to you: …………..………………………..

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**APPLICATION FOR SAIIE ALUMNI REUNION 2019**

**SIGNIFICANT OTHER INFORMATION**

|  |  |
| --- | --- |
| **First Name**  | **Last Name**  |
|  |  |
| **Email Address**  |
|  |
| **Cell Phone**  | **Date of Birth**  |
|  |  |
| **Emergency Contact Name**  | **Emergency Contact Phone Number**  |
|  |  |

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Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_