



Participant Information Form

PARTICIPANT INFORMATION

Full Name: _____ Name you go by/Nickname: _____

Address: _____ City, State, and Zip: _____

Email: _____ Home Phone: (_____) _____

Name of Parent/Guardian (if under 18): _____

T-shirt size (adult sizes): 12 14 S M L XL XXL

PASSPORT INFORMATION *You may email us this information later if you do not yet have a passport*

Please provide us with your name EXACTLY as it appears on your passport for the airline tickets. Errors in spelling on the plane ticket could result in penalty fees from the airlines. U.S. Citizens must have a passport valid for at least 30 days (expiration date has to be 30 days or more after arrival date). Citizens of other countries should check with the Costa Rican Embassy for entry requirements.

Surname on Passport: _____ Given names on Passport: _____

Passport Number: _____ Expiration Date: _____

Country of Citizenship: _____

EMERGENCY CONTACT INFORMATION *For participants under the age of 18, Parent/Guardian contact is required*

Emergency Contact Name: _____

Emergency Phone: (_____) _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

In case of emergency we will contact the home and emergency phone numbers already provided. If you'd like to leave additional phone numbers or other people to contact, please do so here.

HEALTH & DIET INFORMATION *Please indicate "none" if there are no health concerns or dietary needs*

Please indicate any aspect of your health that may affect you during this trip (back pain, diabetes, allergies, asthma, epilepsy, etc.) Explain what medications and treatment are necessary and describe any allergic reactions or other side effects to medication. Have any allergies gotten worse over time? Please use the back page if you need more space

Do you have any special dietary needs? If so, specify. _____

