



Rotary Cross Canada Tour Application Form

Return Completed Form to:
Michael Ross
 212 Massey Street
 Fredericton, New Brunswick
 Canada E3B 2Z2

DATE RECEIVED:
STUDENT #:

Please Type If Possible or Print Very Carefully

Student Information	
STUDENT'S LAST NAME (AS ON PASSPORT):	
STUDENT'S FIRST NAME (AS ON PASSPORT):	
NICKNAME OR NAME YOU PREFER:	<input type="checkbox"/> GIRL <input type="checkbox"/> BOY
BIRTHDATE (MM/DD/YYYY):	
E-MAIL ADDRESS*:	
<small>*E-mail must be easily identifiable, please. It MUST have your name (not nickname/code) in it (e.g., michael.ross123@hotmail.com).</small>	
HOME CITY:	
HOME COUNTRY:	
HOST COMMUNITY:	HOST FAMILY PHONE #:
Canadian Rotary Club Information	
ROTARY CLUB OF:	
CLUB PRESIDENT:	
Rotary Contact*	
NAME:	
ADDRESS:	
CITY:	
PROVINCE & POSTAL CODE:	
E-MAIL:	
HOME PHONE:	BUSINESS PHONE:
<small>*All Correspondence regarding the Cross Canada Tour will be mailed (or E-mailed) to this contact person.</small>	
ON BEHALF OF OUR CLUB, I ENDORSE THE PARTICIPATION OF OUR EXCHANGE STUDENT _____, IN THE ROTARY CROSS CANADA TOUR. <small>(This endorsement will be reconfirmed in the spring.)</small>	
Host Club Signature	
_____ President or Youth Exchange Chair	

Passport Information*

A photocopy of your Passport photo-page, your health insurance card and your Rotary business card **must accompany this application.*

Medical Information*

ALLERGIES:

No Yes (Please give details (cats, dogs, dust, medicines, etc.):

DATE OF LAST TETANUS SHOT:

DO YOU SMOKE?

No Yes

ARE YOU A VEGATARIAN?

No Yes

HEALTH INSURANCE COMPANY. Please provide a photocopy of the student's passport (main page) and their medical insurance card.

OTHER MEDICAL/PHYSICAL PROBLEMS WHICH MAY REQUIRE ASSISTANCE FROM STUDENTS OR LEADERS. PLEASE EXPLAIN:

Other Miscellaneous Information

PLEASE LIST YOUR MUSICAL TALENTS/OTHER INTERESTS:

T-SHIRT / GOLF SHIRT SIZE REQUESTED:

SMALL MEDIUM LARGE X-LARGE XX-LARGE