

KAMO INTERMEDIATE PACIFIC ISLAND TOUR 2020

Participant Information Form

Student/ Travel Parent (circle one). Please complete all details:

Name/s

(Full name as it appears on birth certificate / passport)

Address

Telephone

Email

Mobile

Room Number

D.O.B

Gender

Age

EMERGENCY CONTACT DETAILS (please provide details of two people who will be alternative emergency contacts)

1. Name:

Relationship:

Address:

Day time
phone:

Mobile

2. Name:

Relationship:

Address:

Day Phone:

Mobile