

GLOBAL YOUTH INSTITUTE
Special Needs and Travel Information Sheet

Name: _____

Arrival: City _____

Date _____ Time _____

Airline _____ Flight # _____

Departure: City _____

Date _____ Time _____

Airline _____ Flight # _____

Special Medical Needs: (Please describe) _____

Special Dietary Needs: (Please describe) _____

Preference for meals at camp: _____ Vegetarian _____ Non-vegetarian

Do You Smoke? _____ Yes _____ No

Please send to:

Tom Forsgren, Director
Global Youth Institute
1800 Grand Ave.
Des Moines, IA 50309-3382
U.S.A.

Please send this information by email to: tforsgren@mac.com by May 20.