

YES! 2009

Young Expatriates of Sri Lanka

Thursday, July 30 - Saturday, August 1st, 2009

Registration Deadline is May 15th, 2009



REGISTRATION FORM

First Name: _____

Last Name: _____ Occupation: _____

Gender: M F Age: _____ Date of Birth: _____
(month/day/year)

ID #/Passport #/ U.S. Driver's License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____

Telephone: (home) _____ (cell) _____

In Case of Emergency

Contact: _____ (name) Relationship: _____

Phone Number: _____ Room (circle one): Single Shared

Check-in Date: _____ Check-out Date: _____
(month/day/year) (month/day/year)

Flight Number & Airline: _____

Arrival Time: _____ Arriving From & Returning To: _____

Travel Details (circle one): Self-drive Drop off

Please contact us if you are driving and need parking. Email info@srilankafoundation.org

Meals (circle one): Vegetarian only Fish only Meat

Any additional information (please let us know of any food allergies or any special needs you may have). Use additional sheet if needed.

Signature (Parent/Guardian Signature if Under 18)

Date (month/day/year)