



CONFIRMATION FORM

Name: _____ School: _____

Do you have a chaperone? _____ If so, who and relationship? _____

How are you traveling: ___ Personal car ___ School vehicle ___ Greyhound

When will you arrive: _____ When will you leave: _____

Special meal requirements: _____

Do you need a hotel room accommodation? ___ yes ___ no

Do you have a roommate preference? If so, who? _____

Emergency/Guardian Contact Information:

Name (please print): _____

Relationship: _____

Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Medical & Insurance Information:

Allergies: _____

Gender: FEMALE MALE Date of Birth: _____

Insurance Provider: _____

Insurance Provider Address: _____

Insurance Provider Phone Number: _____

Group Number: _____ Policy Number: _____

**Please mail back to Sara Schoneberg
Department of Human Rights
Lucas State Office Building
Des Moines, IA 50319**