

**Albert Schweitzer Leadership for Life (ASLFL)
Inaugural Ireland Seminar August 17-21, 2009**

Registration Form for HOBY Students

Please write legibly in Blue Ink and BLOCK Letters or TYPE

STUDENT SECTION	
Date Application is being Submitted:	
Student Name:	
Date of Birth (MM/DD/YYYY):	
Gender:	
Home Address:	
Home Telephone: <i>Please include area code</i>	
Cell Phone: <i>Please include area code</i>	
E-mail Address:	
Passport #:	
Medical Insurance Provider: <i>Note: Please make sure your insurance provider covers overseas travel to Ireland. Medicare does not apply overseas.</i>	
T-Shirt Size:	
Which local HOBY seminar did you attend (year and site):	
Did you attend the World Leadership Congress:	
Have you traveled to Ireland or to other countries before? If yes, please list the countries.	

STUDENT MEDICAL SECTION

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Name & Number of Family Physician:	
Do you have any allergies to medicines? If so, please list and explain.	
Do you have any food allergies or dietary restrictions? If so, please list and explain. (i.e., Vegan, Vegetarian, Celiac, Halal, Kosher, no beef or pork, allergies to nuts or shellfish, etc)	
Do you have any other allergies or sensitivities not covered above we should know about (i.e., bee stings, etc)?	
If there are any limitations on the amount of walking you can engage in, please describe and explain:	
Please list your immunizations:	
Please list the illnesses you have had or have: <ul style="list-style-type: none"> • Bleeding tendencies • Chicken Pox • Diabetes • Diphtheria • Epilepsy • German Measles • Heart Disease • Measles • Mononucleosis • Mumps • Polio • Pneumonia • Rheumatic Fever • Tonsillitis • Other (Please specify) • None of the Above 	
Please list the following conditions you have had or are subject to now: <ul style="list-style-type: none"> • Asthma • Ear Infection • Hay Fever • Headache • Migraine • Nosebleed • Hearing Loss 	

<ul style="list-style-type: none">• Vision Loss• Upset Stomach• Convulsions• Dizzy Spells• Fainting Spells• Difficulty Sleeping• Other (Please specify)• None of the Above	
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PARENT/GUARDIAN SECTION 1	
Mother's or Female Guardian's Name:	
Cell Phone:	
Work Phone:	
Evening/Home Phone:	
Address: <i>Include if different from student's above</i>	
E-mail where we can best reach you:	
Do you or your company have unused products that can be donated/distributed to approx. 300 students and volunteers? Examples include pens, pencils, pads of paper, mini notepads, water bottles, tote bags, t-shirts, etc.?¹	

PARENT/GUARDIAN SECTION 2	
Father's or Male Guardian's Name:	
Cell Phone:	
Work Phone:	
Evening/Home Phone:	
Address: <i>Include if different from student's above</i>	
E-mail where we can best reach you:	
Do you or your company have unused products that can be donated/distributed to approx. 300 students and volunteers? Examples include promotional pens, pencils, pads of paper, mini notepads, water bottles, tote bags, t-shirts, etc.?²	

¹ Please note: your child's acceptance is NOT contingent on how you answer this question. Also, it is not certain we can take the product, we must check with the conference organizers.

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PAYMENT SECTION: The cost to attend is \$2,995. That includes program fee, roundtrip airfare from NY JFK Airport/Dublin International, as well as hotel, meals, sightseeing activities during extended stay.	
Name of cardholder as it appears on card:	
Billing Address:	
Telephone # to call if there is a problem:	
Credit Card Type <i>Visa, MC, AMEX, Diners, Discover</i>	
Credit Card Number:	
3 Digit Security Code on the back of card:	
Expiration Date (MM/YY)	
<p>Would you prefer to send a check? Yes/No? <i>If yes, please provide us with an expected date. Please note: your space is not guaranteed until payment and completed application are received and eligibility requirements are met. If payment is received after we are full, your check will be returned to you. All checks should be made out to Hugh O'Brian Youth Leadership (HOBY) and mailed to:</i> Hugh O'Brian Youth Leadership (HOBY) Attn: Noora Elkoussy/Ireland 31255 Cedar Valley Dr., Suite 327 Westlake Village, CA 91362</p>	