

**GRANDCHILD CONTACT INFORMATION FORM  
INTERGENERATIONAL ELDERHOSTEL**

Please list the name, address and phone numbers of the children who will be attending Elderhostel with you. The National office has only supplied me with the names of your grandchildren. I do not have addresses, contact information, for your grandchild(ren)'s parents/guardians. I need this as soon as possible. Please return form or call: (334) 844-5100 or (334) 844-5165 to provide this information. Thanks.

**DATE OF PROGRAM:** \_\_\_\_\_

**GRANDPARENT NAME:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION OF GRANDCHILD:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**CHILDREN ATTENDING:**

	<b>1<sup>ST</sup> child</b>	<b>2<sup>ND</sup> child</b>
<b>Name</b>	_____	_____
<b>Address</b>	_____	_____
	_____	_____
<b>Phone</b>	_____	_____
<b>Age</b>	_____	_____
<b>Gender</b>	_____	_____

*Please submit this information via email, or phone or fax AS SOON AS POSSIBLE.*

**RETURN INFORMATION TO:** Brittany Holley, Elderhostel  
Outreach Program Office  
301 O.D. Smith Hall  
Auburn University, 36849

email: [hollebl@auburn.edu](mailto:hollebl@auburn.edu)

Phone: 334 - 844-5165 or 334 844-5100 / Fax: 334 844-3101