

SUPPLEMENTAL INFORMATION

In order to assist us in the verification of specific information, please complete and return this form electronically, or through the postal service. Thank you.

Program Attending: _____

If you are attending a Bicycle Elderhostel, will you bring your own bike? _____
YES or NO

Date Attending: _____

Name: _____

Nametag Preference: _____

E-mail address: _____

1. Lodging Request Information:

Accommodations (Please check all that apply):

Nonsmoking accommodations _____

Smoking accommodations _____

Single Room _____

Double Room - Find me a room mate _____

Double Room - Name of person(s) sharing your room: _____

First floor room request (medical/physical reasons only) YES or NO

I know other Elderhostelers attending. If possible, I would like to be near:

Wedding Anniversary: _____ Birthday: _____

2. How many Elderhostels have you attended? Total: _____ During the past year: _____

3. Have you attended an Elderhostel sponsored by Auburn University? _____

If yes, when and where? _____

4. What is/was your occupation?

5. Do you do volunteer work? _____

If yes, tell us more about it!

6. Please list your hobbies/favorite recreation.

7. What was your most memorable trip?

8. Please use this space to tell us two or three special things about yourself.

Mail to:

Elderhostel Programs

Outreach Program Office

301 O.D. Smith Hall

Auburn University, AL 36849

Or Fax to: 334 – 844-3101