

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?

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5. Do you do volunteer work? \_\_\_\_\_

If yes, tell us more about it!

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6. Please list your hobbies/favorite recreation.

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7. What was your most memorable trip?

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

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Mail to:

Elderhostel Programs

Outreach Program Office

301 O.D. Smith Hall

Auburn University, AL 36849

Or Submit Electronically

Or Fax to: 334 – 844-3101

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