



# PERSONAL INFORMATION SHEET

## SOLO PARENTS ENCOUNTER WEEKEND

(PLEASE PRINT CLEARLY)

PHOTO ID  
OPTIONAL

### PART I - BASIC INFORMATION

PARTICIPANT'S NAME (LAST, FIRST, MIDDLE)		NICKNAME	SEX	D.O.B.
RESIDENCE STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		EMAIL/FAX/PAGER NUMBER		
HOME	: ( )	EMAIL	:	
CELL	: ( )	FAX	: ( )	
WORK	: ( )	PAGER	: ( )	
CIVIL STATUS (PLEASE CHECK)			RELIGION	
<input type="checkbox"/> Widow or Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Spouse incapacitated			CITIZENSHIP	
<input type="checkbox"/> Single with child <input type="checkbox"/> Separated <input type="checkbox"/> Spouse working abroad				
<input type="checkbox"/> Single, 40 years old and over without children				
BLD SPONSOR		SPONSOR'S TEL. NO.	SPONSOR'S BLD AFFILIATION	
PERSON TO CALL IN CASE OF EMERGENCY		TELEPHONE NO.	RELATIONSHIP	

### PART II - ADDITIONAL INFORMATION

OCCUPATION/PROFESSION	SKILLS AND TALENTS
HIGHEST EDUCATIONAL ATTAINMENT	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	

### PART III - FAMILY INFORMATION

NAME OF CHILD	SEX	D.O.B	NAME OF CHILD	SEX	D.O.B

Do you have any special dietary requirements? \_\_\_ YES \_\_\_ NO

If yes, please indicate: \_\_\_\_\_

Check here if you have a need for transportation: \_\_\_\_\_