



## Albert Schweitzer's Leadership for Life 2020 Application Form

Name: \_\_\_\_\_ Sex: Male  Female

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_ (home)

\_\_\_\_\_ (mobile)

Email (Block Capitals) \_\_\_\_\_

Name of Participant School \_\_\_\_\_

City of Residence \_\_\_\_\_

State of Residence \_\_\_\_\_

Country of Residence \_\_\_\_\_

Country of Origin \_\_\_\_\_

Participant Passport Number \_\_\_\_\_

Name of Parent/Legal Guardian (please print) \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Where to reach Parent/Legal Guardian in case of emergency:

Daytime Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of another responsible adult \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Conference T-shirt Size: Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ XLarge \_\_\_\_ XXLarge \_\_\_\_

**\*\*For the Indian and Asian delegations, these are American sizes\*\***  
**Please make sure to choose the correct size**

### Parent/Guardian Consent:

I give permission for the above named to apply to attend the Albert Schweitzer's Leadership for Life Programme from Saturday, July 20<sup>th</sup> to Sunday, July 28<sup>th</sup>, 2019 at Maynooth University in Co. Kildare, Ireland.

### Photograph and Film Footage Release Statement:

I give my consent to the ICCUSA Foundation, Inc. to publish and use photographs and film footage taken of my son/daughter (as named above) at the Albert Schweitzer's Leadership for Life Conference.

All materials become the property of ASLFL and may be used, without further permission, for publicity purposes including print, television or web based sources. If you have any queries in relation to the above condition, please contact ASLFL at: [victoria@iccusa.org](mailto:victoria@iccusa.org) to discuss the matter.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

*FOR STUDENTS COMING FROM ABROAD, THEY MUST BRING THEIR ORIGINAL APPLICATION WITH A LETTER OF CONSENT FROM BOTH PARENT/GUARDIAN WITH THEIR PASSPORT FOR IRISH IMMIGRATION. THEY WILL BE ASKED TO PRESENT IT WHEN THEY GET TO IMMIGRATION.*

## Notes on completing the form

- Please ensure that you complete all sections of the form carefully.
- Please ensure you include your full address as we will be sending you further information by email.
- Please include a contact number as we may need to contact you directly about your application.
- Selection is based on the information you provide on the form, so take the time to think about your answers.
- Late applications will not be accepted so submit early to avoid disappointment.
- Ensure that you your parent/guardian sign the form. Applications will be returned if they are not signed.

Completed forms must be returned on or before **Friday, March 27<sup>th</sup>, 2020**. \*However, registration may close sooner if we exceed the amount of spaces for the conference.

PLEASE MAKE SURE TO BRING THE ORIGINAL COPY OF THE ASLFL APPLICATION FORM, PARENTAL CONSENT AND MEDICAL FORM WITH YOU, WHEN YOU ARRIVE TO MAYNOOTH UNIVERSITY.

### Contact Information:

The Ireland Chamber - United States (ICCUSA) & The ICCUSA Foundation, Inc.

Albert Schweitzer Leadership for Life

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[www.aschweitzer.org](http://www.aschweitzer.org) [www.iccusa.org](http://www.iccusa.org)