

INTERNATIONAL GROUP TRIP – List of Participants

Instructions:

Please ask ALL participants (adults and parents/guardians of girls) to provide you with the information you need to complete this form as follows:

- PART A: For preauthorization, attach this form to the Travel Preauthorization (SG.8) with each participant's citizenship information. In order to be included on this form participant's parents/guardians must have signed the Parent/Guardian Permission (SG.2)
- PART B: For final authorization, update and add information on where to contact participant's parents/guardians/relatives during the trip. Attach to the International Group Trip Authorization (IT.3)

Name of Trip: Our Chalet Trip 2025

Responsible Guider Name: Susie Guider iMIS #: 987654

Departure date: July 11 2025 Return Date July 24, 2025

Date prepared for submission with SG.8 October 2, 2023

Date updated for submission with IT.3: _____

Date updated for final submission (must be two months before departure): _____

1. Participant Name <u>Susie Guider</u>		Guider <input type="checkbox"/> Girl <input type="checkbox"/>		
iMIS #: <u>987654</u>		Birth date <u>1985 (yyyy) / 05 (mm) / 08 (dd)</u>		
PART A – To be completed for submission with SG.8				
Citizenship: Dual citizenship Canadian <input checked="" type="checkbox"/> (list all countries): _____ Other: _____				
Country of birth <u>Canada</u>				
PART B – To be completed for submission with the IT.3				
Passport – Issuing Country: <u>Canada</u> <input type="checkbox"/> or Other: _____ Expiry date: _____				
Primary contact name: _____				
Relationship to participant _____				
Home phone () - _____		Work phone () - _____ Cell phone () - _____		
Email _____				
Address _____				
Street _____		Town/City _____	Prov/Terr _____	Postal Code _____
Second contact name _____				
Relationship to participant _____				
Home phone () - _____		Work phone () - _____ Cell phone () - _____		
Email _____				
Address _____				
Street _____		Town/City _____	Prov/Terr _____	Postal Code _____

2. Participant Name <u>Mary Smith</u>	Guider <input checked="" type="checkbox"/> Girl <input type="checkbox"/>
iMIS #: <u>24680</u>	Birth date <u>2004 (yyyy) / 02 (mm) / 18 (dd)</u>

PART A – To be completed for submission with **SG.8**

Citizenship: Dual citizenship
 Canadian (list all countries): USA Other: _____
 Country of birth USA

PART B – To be completed for submission with **the IT.3**

Passport – Issuing Country: Canada or Other: _____ Expiry date: _____
 Primary contact name: _____
 Relationship to participant _____
 Home phone () - _____ Work phone () - _____ Cell phone () - _____
 Email _____
 Address _____
 Street _____ Town/City _____ Prov/Terr _____ Postal Code _____
 Second contact name _____
 Relationship to participant _____
 Home phone () - _____ Work phone () - _____ Cell phone () - _____
 Email _____
 Address _____
 Street _____ Town/City _____ Prov/Terr _____ Postal Code _____

3. Participant Name <u>Jane Brown</u>	Guider <input type="checkbox"/> Girl <input checked="" type="checkbox"/>
iMIS #: <u>13579</u>	Birth date <u>2009 (yyyy) / 04 (mm) / 09 (dd)</u>

PART A – To be completed for submission with **SG.8**

Citizenship: Dual citizenship
 Canadian (list all countries): _____ Other: _____
 Country of birth Canada

PART B – To be completed for submission with **the IT.3**

Passport – Issuing Country: Canada or Other: _____ Expiry date: _____
 Primary contact name: _____
 Relationship to participant _____
 Home phone () - _____ Work phone () - _____ Cell phone () - _____
 Email _____
 Address _____
 Street _____ Town/City _____ Prov/Terr _____ Postal Code _____
 Second contact name _____
 Relationship to participant _____
 Home phone () - _____ Work phone () - _____ Cell phone () - _____
 Email _____
 Address _____
 Street _____ Town/City _____ Prov/Terr _____ Postal Code _____

. Participant Name _____	Guider <input type="checkbox"/> Girl <input type="checkbox"/>
iMIS #: _____	Birth date _____ (yyyy) / (mm) / (dd)

PART A – To be completed for submission with **SG.8**

Citizenship: Dual citizenship
 Canadian (list all countries): _____ Other: _____
 Country of birth _____

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Passport – Issuing Country: Canada or Other: _____ Expiry date: _____

Primary contact name: _____
 Relationship to participant _____

Home phone () - _____ Work phone () - _____ Cell phone () - _____
 Email _____
 Address _____
 Street _____ Town/City _____ Prov/Terr _____ Postal Code _____

Second contact name _____
 Relationship to participant _____

Home phone () - _____ Work phone () - _____ Cell phone () - _____
 Email _____
 Address _____
 Street _____ Town/City _____ Prov/Terr _____ Postal Code _____

. Participant Name _____	Guider <input type="checkbox"/> Girl <input type="checkbox"/>
iMIS #: _____	Birth date _____ (yyyy) / (mm) / (dd)

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 Country of birth _____

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