

IYM Peace Committee/AVP Application Form

Personal Information

Name	
Address	
Phone	
Email	
Quaker Meeting	

Emergency Contact

Name	
Phone	
Address	

Travel and Accommodation

Do you require funding for travel?	
If yes, please outline travel arrangements	
Do you need help finding accommodation?	
If yes, would you be comfortable staying with Dublin Friends?	

Dietary Requirements and Medical Conditions

Do you have any food allergies or dietary requirements? If yes, please give details.	
Do you have any medical conditions that we should be aware of? If yes, please give details.	

Reason for Participating

Please tell us why you wish to participate in this AVP workshop?	
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Further Information

Please provide any additional information or comments here.	
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Please return complete forms to aoiferr@gmail.com by 15 Feb 25