

Ambassador and Host Matching Form

Journey No. ----- to -----

Amb. No.	Ambassador Information				Gender	Age	Special Needs ↓ (diet, smoker/ non-smoker, physical limitations, allergies)	Host Information			
1 ED	Name							(picture)↓	Name		
	Address					Languages Spoken			Address		
	Phone	(picture here) ↓				Interests			Phone		
	Email					Occupation (/ Former)			Email		
	Preferred roommate								Interests		
2	Name						Special Needs	Name			
	Address					Languages Spoken		Address			
	Phone					Interests		Phone			
	Email					Occupation (/ Former)		Email			
	Preferred roommate							Interests			
3	Name						Special Needs	Name			
	Address					Languages Spoken		Address			
	Phone					Interests		Phone			
	Email					Occupation (/ Former)		Email			
	Preferred roommate							Interests			
4	Name						Special Needs	Name			
	Address					Languages Spoken		Address			
	Phone					Interests		Phone			
	Email					Occupation (/ Former)		Email			
	Preferred roommate							Interests			
5	Name						Special Needs	Name			
	Address					Languages Spoken		Address			
	Phone					Interests		Phone			
	Email					Occupation (/ Former)		Email			
	Preferred roommate							Interests			
6	Name						Special Needs	Name			
	Address					Languages Spoken		Address			
	Phone					Interests		Phone			
	Email					Occupation (/ Former)		Email			
	Preferred roommate							Interests			
7	Name						Special Needs	Name			
	Address					Languages Spoken		Address			
	Phone					Interests		Phone			
	Email					Occupation (/ Former)		Email			
	Preferred roommate							Interests			
8	Name						Special Needs	Name			
	Address					Languages Spoken		Address			
	Phone					Interests		Phone			
	Email					Occupation (/ Former)		Email			
	Preferred roommate							Interests			