



Fill in all 7 pages of the form and email to the Snorri Foundation at info@snorri.is on or before January 16, 2019. If you send it via mail please notify us by email.

Applicant Information

Name: _____ Surname: _____
Date of Birth: _____ Male Female
Address: _____ E-mail: _____
Home phone (*incl. area code*): _____
Work phone (*incl. area code*): _____
Website/Facebook: _____

Health Information

Have you taken any prescribed medications in the prior 12 months?

Please provide the name of the medication and reason why it was prescribed.

Do you have any special health considerations? *allergies, disabilities, etc.*

Special diet, vegetarian, vegan, etc. Other relevant health information

Contact Person in Case of Emergency

Name: _____ Surname: _____
Home phone: _____ Cell phone: _____
Work phone: _____ E-mail: _____
Relationship: _____

Profession

Please describe your job below if needed

My profession is:

I work(ed) for:

Job description (be as precise as possible):

I am retired

Would you like to be connected to Icelandic professionals in your current or former field of work?

No Yes

Languages

Put a number for your ability to speak, write, read and understand Icelandic (and other languages if applicable).

Icelandic

Other language:

Other language:

Other language:

Please answer the following questions

Have you been to Iceland? No Yes

If yes, where, when and for how long?

Have you taken a course in Icelandic? No Yes

If yes, where, when and for how long?

Your Expectations and Interests

Please describe in your own words what you hope to gain from participating in the Snorri Plus Program.

Icelandic Emigrant Ancestors

It is IMPORTANT to be VERY precise!

Full name <i>(last name not enough)</i>	Emigrated from which part of Iceland	Year of emigration	How related to you? <i>(i.e. through whom)</i>

Known Relatives in Iceland

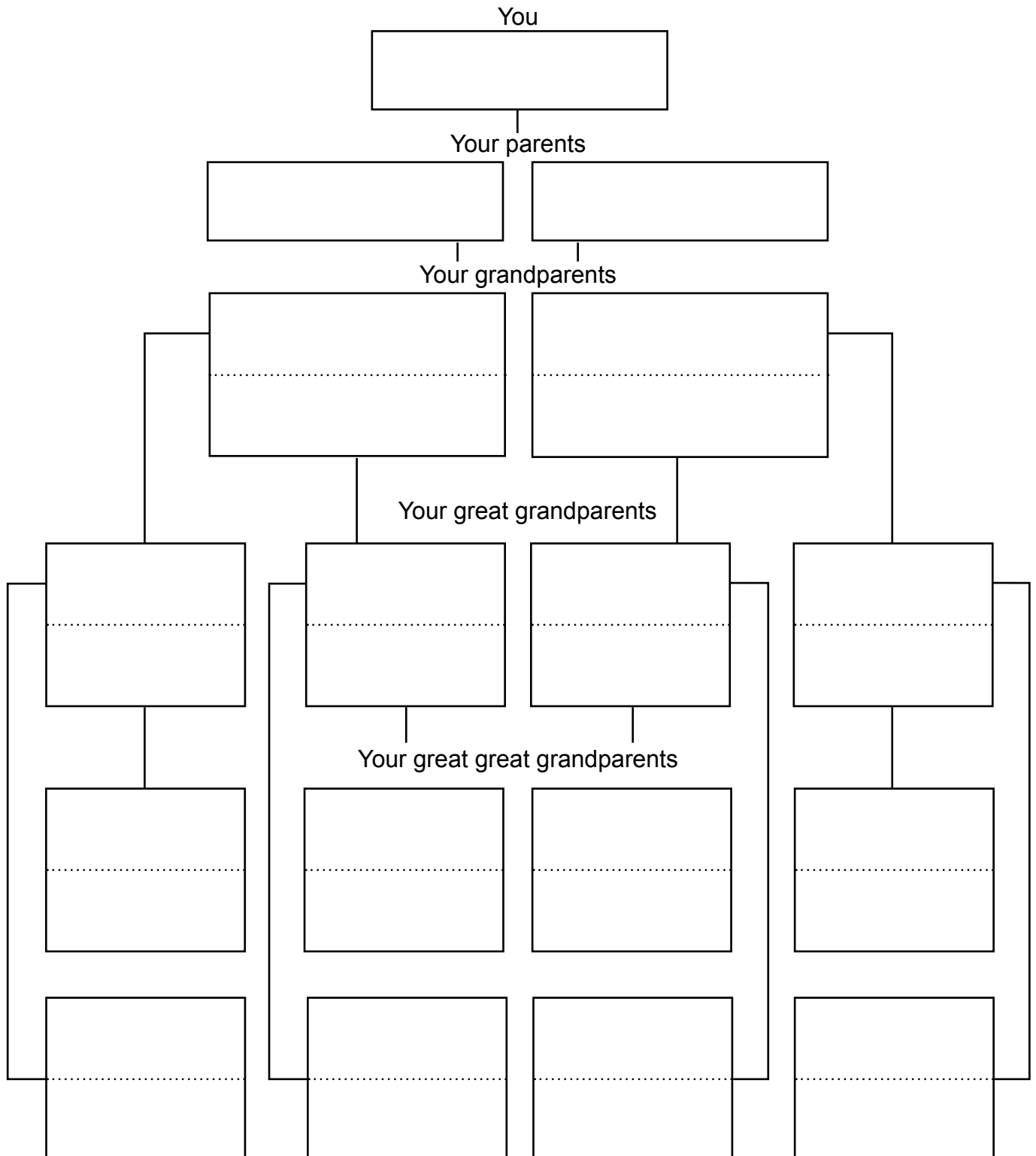
Please state if you know them personally or if you have their information through somebody else.

Be as precise as possible!

Full name <i>(last name not enough)</i>	Address & Town <i>(phone number and email if possible)</i>	How related to you? <i>(i.e. through whom)</i>

Your Family Tree

Please put in the names and patronymics/surnames of your family members. Check the box by the name of your emigrant ancestors. Be as precise as possible and put one name in each field, including date of birth for each person. You must fill in this page completely, even if you send additional pages/information.



Guesthouse Reservations

Sunna Guesthouse in Reykjavík *(may be different outside the city)*

I am travelling alone and don't mind sharing a room with another participant of the same sex.

I am travelling and sharing a room / apartment with:

I prefer a single room

Accommodation wishes *(only a few rooms of each category are available).*

Single room w/bath

Single room without bath

Double room w/bath

Double without bath

Apartment shared with 2 others

Apartment shared with 3 others

Deluxe room, single

Deluxe room, double

Comments/requests:

Flight Information

City/airport of departure in Canada or the United States

Preferred connecting flight from North America *(with Icelandair)*

Date of departure from Iceland

Date of departure is September 4. *Please mark with an X to confirm.*

Other departure date requested, specify:

I am booking my own flights *(Please send itinerary to the program by email.)*

Passport Information *(please include a scanned copy of your passport with your application)*

Passport name:

Passport #:

Passport expiry date:

Credit card number, expiry date and CVC code (3-4 digit number). *Needed for flight only.*

Reykjavík Marathon Registration (at least one is required)

Distance:

T-shirt size:

I hereby confirm that the Snorri Foundation may use my personal information while working on my genealogical information, to give to my Icelandic relatives, and to confirm work place visits, should I be accepted. Medical information will however not be shared.

Is there is any information that was not covered in the application? Please list it here *(optional)*