

REGISTRATION

EUDY CHILDREN CAMP 2015



EDUCATION - RESPECT - NATURE - CULTURE

PERSONAL INFORMATION (LEADER)

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FULL NAME

AGE

BIRTH DATE

GENDER

MALE

FEMALE

HOME ADDRESS

POSTAL CODE

CITY/COUNTRY

PASSPORT
NUMBER

EMAIL ADDRESS

ABLE TO SWIM

YES

NO

T-SHIRT SIZE

S

M

L

XL

XXL

MEAL

MEAT

MEAT, WITHOUR PORK

PESCETARIAN

VEGGIE

SPECIAL FOOD
NEEDS?

NO

YES, WHAT ?

MEDICAL NEEDS?*

NO

I DON´ T WANT SAY

YES, WHAT?

DATE

SIGNATURE

//////////

*) We are not responsible for the medicines. You have to bring the medicines yourself and you are responsible to take them.

Please fill in the form on the computer, print it, place your signature, scan it and send everything to eudycfinance@gehoerlosen-jugend.de
The original must send with pictures during letter to this adress: Danny Canal, c/o treasure EUDYCC15, Behmweg 6, 24159 Kiel - Schilksee