

Registration form EUDY Children Camp 2017

THE IDENTITY OF A YOUNG DEAF CHILD



NATIONAL ORGANISATION INFORMATION:

Name of organisation : _____

Postal code : _____

Name president : _____

City / Country : _____

Address : _____

E-mail address : _____

Approval president : _____

PERSONAL INFORMATION, LEADER:

Full name : _____

Birth date : __ / __ / ____

Age : _____

Gender : Male Female Other

Home address : _____

City / Country : _____

Postal code : _____

E-mail address : _____

ID or Passport number : _____

T-Shirt size : S M L XL XXL

SPECIAL NEEDS / REQUIREMENTS :

Special diets :

No Yes. What?: _____

Medical problems :

No I do not want reveal Yes. What?: _____

Send this form to: ccamp2017@eudy.info before 07th April 2017

We will not be responsible for any medical emergencies

- 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, your signature, scan it and send everything to ccamp2017@eudy.info

PERSONAL INFORMATION, PARTICIPANT I:

Full name : _____

Birth date : __ / __ / ____

Age : _____

Gender : Male Female Other

Home address : _____

City / Country : _____

Postal code : _____

E-mail address : _____

ID or Passport number : _____

T-Shirt size : S M L XL XXL

SPECIAL NEEDS / REQUIREMENTS :

Special diets :

No Yes. What?: _____

Medical problems :

No I do not want reveal Yes. What?: _____

PERSONAL INFORMATION, PARTICIPANT II :

Full name : _____

Birth date : __ / __ / ____

Age : _____

Gender : Male Female Other

Home address : _____

City / Country : _____

Postal code : _____

E-mail address : _____

ID or Passport number : _____

T-Shirt size : S M L XL XXL

SPECIAL NEEDS / REQUIREMENTS :

Special diets :

No Yes. What?: _____

Medical problems :

No I do not want reveal Yes. What?: _____

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PERSONAL INFORMATION, PARTICIPANT III :

Full name : _____

Birth date : __ / __ / ____

Age : _____

Gender : Male Female Other

Home address : _____

City / Country : _____

Postal code : _____

E-mail address : _____

ID or Passport number : _____

T-Shirt size : S M L XL XXL

SPECIAL NEEDS / REQUIREMENTS :

Special diets :

No Yes. What?: _____

Medical problems :

No I do not want reveal Yes. What?: _____

PERSONAL INFORMATION, PARTICIPANT IV :

Full name : _____

Birth date : __ / __ / ____

Age : _____

Gender : Male Female Other

Home address : _____

City / Country : _____

Postal code : _____

E-mail address : _____

ID or Passport number : _____

T-Shirt size : S M L XL XXL

SPECIAL NEEDS / REQUIREMENTS :

Special diets :

No Yes. What?: _____

Medical problems :

No I do not want reveal Yes. What?: _____

Send this form to: ccamp2017@eudy.info before 07th April 2017

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Checklist to send with the registration

- Copy of passport for every leader and participant
- Pictures of every leader and participant (passport format)
- The registration form is written on the computer and full completed
- The registration form is signed by the president or a board member of the young association
- To send everything to ccamp2017@eudy.info in ONE e-mail

Checklist to send with the registration

- If you are from a country who are allowed to send 2 or 3 participants, PLEASE apply with FOUR participants! After the deadline of 07 April 2017, we will inform you if the other participants can join.

Send this form to: ccamp2017@eudy.info before 07th April 2017

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