

Transport 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 : _____

Full name LEADER : _____

Full name PARTICIPANT I : _____

Full name PARTICIPANT II : _____

Full name PARTICIPANT III : _____

Full name PARTICIPANT IV : _____

Arrival information LEADER :

Arrival date : _____

Airline company : _____

Flight number : _____

Arrival time : _____

Arrival from* : _____

Arrival information PARTICIPANTS I :

Same as LEADER: Yes No (Please fill in the information below)

Arrival date : _____

Airline company : _____

Flight number : _____

Arrival time : _____

Arrival from*: _____

Arrival information PARTICIPANTS II :

Same as LEADER: Yes No (Please fill in the information below)

Arrival date : _____

Airline company : _____

Flight number : _____

Arrival time : _____

Arrival from*: _____

Arrival information PARTICIPANTS III :

Same as LEADER: Yes No (Please fill in the information below)

Arrival date : _____

Airline company : _____

Flight number : _____

Arrival time : _____

Arrival from*: _____

Arrival information PARTICIPANTS IV :

Same as LEADER: Yes No (Please fill in the information below)

Arrival date : _____

Airline company : _____

Flight number : _____

Arrival time : _____

Arrival from*: _____

**Send this form and the flight confirmation including the price (in PDF-format as attachment) to :
ccamp2017@eudy.info as soon as possible, but before 05th May 2017**

**Please fill the form on the computer, print it, place your signature, scan it and send everything to:
transportccamp2017@gmail.com before 05th May 2017**