

# REGISTRATION

## EUDY CHILDREN CAMP 2015



EDUCATION - RESPECT - NATURE - CULTURE

### PERSONAL INFORMATION (PARTICIPANT)

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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, WITHOUT PORK

PESCETARIAN

VEGGIE

SPECIAL FOOD  
NEEDS?

NO

YES, WHAT ?

MEDICAL NEEDS?\*

NO

I DON´ T WANT SAY

YES, WHAT?

DATE

SIGNATURE OF  
PARENT/GUARDIAN

//////////

\*) 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](mailto:eudycfinance@gehoerlosen-jugend.de)  
The original must send with pictures during letter to this address: Danny Canal, c/o treasure EUDYCC15, Behmweg 6, 24159 Kiel - Schilksee