

Registration EUDY Youth Camp 2016

Personal information, ONE Registration Form for each participant

Full name:				Age:	Birth Da	ite:		$\left(\right) \left(\right)$
Gender:		Male		E Female	9	Othe	er	
Home Address:								
Postal Code: Country:				City:				
E-mail:								
Passport Number: Also send a copy of the	passp	ort to euc	dycampsweden	@gmail.com		($\left(\right)$
Able to swim:			Yes		No		\bigcirc	
T-shirt size (unisex):		XS	S	M	ΠL	XL		
Meal:			☐ Meat	arian	Meat, Veget	without po	ork	
Special food needs	Ś			es, what?:				

Any medico	al needs?	No Yes, whe		nt to reveal		\sum
or extra info For example	e, if you have ess or you are	No	Yes, what?	2:		
Statement o	of Agreement					
		videos are ke			e Camp and the right e them on their websi	
	l agree, l mys and not EUD			lity for my own n	nedicine and person	al items
	I will send a p Registration	picture of mys	self and a copy of	of my passport t	o my YNAD with the	

If you have any personal questions, please contact us! Email: eudycampsweden@gmail.com/

Date:_____

The signature of the participant/

Please print this form, fill in and place your signature, scan it and send to eudycampsweden@gmail.com