**July 2024**

**STUDENT SUMMER CAMP**

 **PARTICIPATION FORM**

**NAME OF THE SCHOOL/INSTITUTION:**

**ADDRESS:**

**TELEPHONE:**

**FAX:**

**EMAIL:**

**GROUP LEADER PHONE:**

**GROUP LEADER WHO WILL ACCOMPANY THE STUDENT:**

**1- NAME SURNAME:**

 **GENDER: M ( ) F ( )**

 **DUTY:**

 **PASSPORT NUMBER:**

**2- NAME SURNAME:**

 **GENDER: M ( ) F ( )**

 **DUTY:**

 **PASSPORT NUMBER:**

**3- NAME SURNAME:**

 **GENDER: M ( ) F ( )**

 **DUTY:**

 **PASSPORT NUMBER:**

**INFORMATION ABOUT THE STUDENT WHO WILL PARTICIPATE THE ORGANIZATION**

**NAME AND SURNAME:**

**GENDER: M ( ) F ( )**

**DATE OF BIRTH:**

**PASSPORT NUMBER:**

**DISABILITY SITUATION, IF ANY:**

**PHYSICALLY DISABLED ( ) MENTALLY DISABLED ( ) HEARING IMPAIRED ( )**

**OTHER HEALTH PROBLEM, IF ANY:**

* THIS INFORMATION MUST BE FILLED IN FOR EACH STUDENT.
* THE NUMBER OF PAGES CAN BE INCREASED AS REQUIRED.