

Request form / Please use Latin letters

Which Session does your child prefer:

SESSION 1 : 1-15 July 2017

SESSION 2: 16-30 July 2017

Section 1. Information about the child

Surname /Name/ Sex/ Date of birth
Child's passport details
Passport number
Valid through
Does your child need VISA support: YES/NO
Native language(s)

Section 2 Insurance information.

Additional costs. Please specify as necessary.

Insurance Company
Certificate of Insurance number
Surname, Name of insured person
Does your child have an accident insurance YES/NO

If the child does not have an accident insurance, parents will be obliged to purchase one. The price for the accident insurance is 30 euro for 2 weeks.

I want to purchase additional accident insurance YES/NO

For _____

Section 3 Arrival information. Additional expenses. Please specify as necessary

I will bring my child to the camp and collect him/her from the camp by myself. **YES/NO**

We are asking you to **meet/see off** our child.

Application

I have read the information brochure about the camp and accept all the terms and conditions of "Friendship" camp. I confirm that the payment shall be made within 7 work days after the date of the invoice, but not later than May 15th,

Signature _____ **Date** _____

The completed form is required to be sent to e-mail: info@iscf.at