

**Request form / Please use Latin letters**

**SESSION 1 : 30 June - 14 July 2018**

**Section 1. Information about the child**

Surname /Name/ Sex/ Date of birth
Child's passport details
Passport number
Valid through
<b>Does your child need VISA support: YES/NO</b>
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 50 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**