

TALK, Idiomas y Experiencias

- APPLICATION FORM -

C.I.T

Fechas _____

Camp _____

FOTO

- Please print or write neatly

Family Name	
First Name	
Date of birth	
Age as of June	
Place of birth	
Nationality	

Permanent address	
Postal code, city	
Telephone	34-
Emergency contact (phone & name)	34-
Address	
City / Country	
Mobile phones (Father/Mother)	
Mobile phones /E.mail participant	
E-mail (Father/Mother)	

CAMP RELATED SKILLS

- Please list the 3 activities that you can best teach (T) or assist (A)

T		A	
T		A	
T		A	

EXPERIENCE

- Please check area in which you have had experience and explain it.

CAMP EXPERIENCE

- Name of camp, location, years attended, duration of camp, activities

HEALTH RECORD SUMMARY

Do you have any physical defects or have you had any serious illness which might affect your full participation in an active camp program? Have you ever had any emotional or mental illness? Do you have any allergies or dietary restrictions? _____ If "Yes", please explain:

- I agree to conform to a **non smoking** camp.

AGREEMENT: The program has been clearly explained to me. If accepted for camp placement I agree to comply with the policies and procedures of the camp.

Signature _____

Date _____