

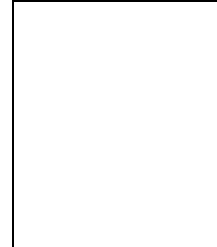
# TALK, Idiomas y Experiencias

## - APPLICATION FORM -

**L.I.T**

**Fechas** \_\_\_\_\_

**Camp** \_\_\_\_\_



- Please print or write neatly

<b>Family Name</b>	
<b>First Name</b>	
<b>Date of birth</b>	
<b>Age as of June</b>	
<b>Place of birth</b>	
<b>Nationality</b>	

<b>Permanent address</b>	
<b>Postal code, city</b>	
<b>Telephone</b>	34-
<b>Emergency contact (phone &amp; name)</b>	34-
<b>Address</b>	
<b>City / Country</b>	
<b>Mobile phones (Father/Mother)</b>	
<b>Mobile phones / e-mail participant</b>	
<b>E-mail (Father/Mother)</b>	

**CAMP RELATED SKILLS**

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

<b>T</b>		<b>A</b>	
<b>T</b>		<b>A</b>	
<b>T</b>		<b>A</b>	

**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 \_\_\_\_\_