



"Arts in the hands"
22 - 29 July 2010

Website: www.ens.it/cgs/eudycc2010
Email: eudycc2010@gmail.com

CAMPER APPLICATION

For ages 9 - 12

NAME AND LAST NAME

DATE OF BIRTH (day/month/year)

GENDER

Female Male

STREET ADDRESS

POSTAL CODE / CITY

COUNTRY

EMAIL ADDRESS

GSM NUMBER (include country code)

T-SHIRT SIZE

S M L XL

ID or PASSAPORT NUMBER

SPECIAL DIETS:

- | | | |
|--|------------------------------------|-----------------------------------|
| <input type="radio"/> No special diets | <input type="radio"/> Lactose-free | <input type="radio"/> Gluten-free |
| <input type="radio"/> Diabetic | <input type="radio"/> Vegetarian | |
| <input type="radio"/> OTHER, what? _____ | | |

- I am responsible for all insurances needed for the travel and stay.
- I understand and accept that my Deaf Youth Association / Deaf Association will screen and select applicants, who will go and represent my country at 1st EUDY Camp Children in Italy. There, I hand this application to my Deaf Youth Association / Deaf Association.
- I authorize as parent, my son/daughter to a minor, movies and pictures that it will appear the image of her son/daughter in the taken at 1st Eudy Camp Children 2010, from 22 to 29 July 2010, allowing the dissemination of their images.

date and place

Parent's signature

date and place

Stamp

President National Association Deaf Youth
or General Secretary' s signature
