



PERSONAL INFORMATION

Name & surname son/daughter _____

Date of birth _____

Address _____

Tel. (home) _____ son/daughter mob.(on trip) _____

School _____ Nationality _____

Parent's names _____

Profession _____

mob. mother _____ work tel _____

mob. father _____ work tel _____

Tel. in an emergency _____

European Health Insurance Card No. _____

Expiry date _____

Passport No. _____

Expiry date _____

Activities your son/daughter is NOT authorised to participate: _____
