



# Registration form | SUMMER CAMP 2018 | VNC

## Childs information

Surname:..... Name: .....

Birth Date: ..... Age:.....

Other sports activity in VNC; No  Yes  Sports:.....

Siblings in the Camp ; No  Yes  Names :.....

Allergies; No  Yes  Type of Allergies:.....

Medical History: No  Yes  Είδος.....

## Parents information

Fathers Name:..... Mothers Name:.....

## Home Address

City :..... Area: .....

Address:..... Zip Code.: .....

Mobile phone 1: ..... Mobile phone 2:.....

Land Line :..... E-mail:.....

## ΠΕΡΙΟΔΟΙ SUMMER CAMP

- 1<sup>st</sup> period Monday 11/6-15/6 (one week)
- 2<sup>nd</sup> period Monday 18/6-06/7 (three weeks)
- 3<sup>rd</sup> period Monday 09/7-27/7 (three weeks)
- 4<sup>th</sup> period Monday 30/7-10/8 (two weeks)
- 5<sup>th</sup> period Monday 20/8 – 7/9 (three weeks)

## Period selection

1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>	4 <sup>th</sup> <input type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/>					
Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details .....

**Lunch \*** (\*extra cost 50€ per week) Yes  No

**Dinner \*** (\*extra cost 50€ per week) Yes  No

Details.....

**Comments:** (Group selection, group supervisor etc) .....

**My child will be picked up by** .....

**Way of payment/Receipt number** .....

Date.....

Signature / Name