

VILLAGE DELEGATION INFORMATION FORM

Please complete the form and return to the staff of your Village 1 month before the beginning of the camp.

Please don't forget that you need to also send the Travel Information Form and bring to the camp: Health forms (1 each); Legal insurance form (ALIF - leader) and (YLIF - each youth participant).

Village Reference number			
Host National Association		Host Chapter	

ADULT LEADER

Gender	Male		Female		Date of Birth (dd/mm/yyyy)	
National Association			Chapter			
Given Name						
Surname						
Name he/she wishes to be known by at the village						
Number & Street						
Town / City						
Area / State / Province						
Country				Postcode / Zip code		
		Country Code		Area Code		Local Number
Tel						
Fax						
Mobile Number						
E mail						

Do you have any dietary requirements that the staff would need to know? (E.g. allergies, vegetarian)

Do you have any other health requirements that the staff might need to know about prior to the camp, any types of activity that you might not be able to participate in?

Please list or comment on Adult Delegate's Special Skills and / or interests	
Swimming	
Drama	
Arts / Crafts	

Sports	
Folk Dance	
Music	
Others	

Language skills			
Language	Fluent	Good	Fair

Do you have certification in:		
Swimming		
Life Saving		<i>Cardiovascular / Pulmonary Resuscitation?</i>
First Aid		

FEMALE PARTICIPANT 1

National Association		Chapter	
Date of Birth (dd/mm/yyyy)			
Given Name			
Surname			
Name she wishes to be known by at the village			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Tel			
Fax			
Mobile Number			
E mail			

Do you have any dietary requirements that the staff would need to know? (E.g. allergies, vegetarian)

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FEMALE PARTICIPANT 2

National Association		Chapter	
Date of Birth (dd/mm/yyyy)			
Given Name			
Surname			
Name she wishes to be known by at the village			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Tel			

Fax			
Mobile Number			
E mail			

Do you have any dietary requirements that the staff would need to know? (E.g. allergies, vegetarian)

Do you have any other health requirements that the staff might need to know about prior to the camp, any types of activity that you might not be able to participate in?

MALE PARTICIPANT 1

National Association		Chapter	
Date of Birth (dd/mm/yyyy)			
Given Name			
Surname			
Name he wishes to be known by at the village			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Tel			
Fax			
Mobile Number			
E mail			

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MALE PARTICIPANT 2

National Association		Chapter	
Date of Birth (dd/mm/yyyy)			
Given Name			
Surname			
Name he wishes to be known by at the village			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
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Tel			
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PHOTOGRAPHS

GIRL 1	GIRL 2
Name she wishes to be known by at the village	Name she wishes to be known by at the village
BOY 1	BOY 2
Name he wishes to be known by at the village	Name he wishes to be known by at the village
ADULT LEADER	

Name he / she wishes to be known by at the village