

1st Junior EUDY CAMP
Malminharju FINLAND 3-10.8.2009
SHOOTING STARS
www.eudy.info / www.kl-deaf.fi/nuorisotoiminta



* CAMPER APPLICATION *

NAME (first and last)

DATE OF BIRTH (day/month/year)

GENDER

FEMALE MALE

STREET ADDRESS

POSTAL CODE / CITY

COUNTRY

EMAIL ADDRESS

GSM NUMBER (include country code)

SPECIAL DIETS:

- No special diets Lactose-free Gluten-free
 Diabetic Vegetarian
 OTHER, what? _____

T-SHIRT SIZE (pick one)

S M L XL

MEDICATION (or any other important things we should be aware of) Be specific.

In a case of emergency, who can we contact (name, email address, and gsm number)

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 Junior EUDY Camp in Finland. Therefore, I hand my application to my Deaf Youth Association / Deaf Association.



camper signature

date and place

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*** LEADER APPLICATION ***

You must be at least 21 years of age. Leader's responsibilities are (but not limiting to): caring for your country campers, supervising during camp, and participating in recreational activities.

NAME (first and last)

DATE OF BIRTH (day/month/year)

GENDER

FEMALE MALE

STREET ADDRESS

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 OTHER, what? _____

T-SHIRT SIZE (pick one)

S M L XL

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