

# LEADER

Leader Application to 4th. WFDYS junior camp

2.-9. august 2009



Ål, Norway

Age 21-30 - ONLY!!!

Must be Deaf



Name (first and surname)

Street address

Postal code

City

Country

Date of birth (dd/mm/yyyy)

Gender

Female  Male

E-mail address

SMS number (incl. Country code)

T-shirt size (pick one)

S  M  L  XL

Special diets

No special

Lactose-free

Gluten-free

Diabetic

Vegetarian

Other, what? \_\_\_\_\_

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

In a case of emergency, who can we contact (name, e-mail address and sms number)

\* 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 4th. WFDYS Junior Camp in Norway. There, I hand my application to my Deaf Youth Association / Deaf Association.

date and place

leader signature

date and place

Deaf Association President or General Secretary / Executive Director