**TUL** [**Study**](http://design.p.lodz.pl/) **Camp**

**Registration Form**

*08-21 July 2019*

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Date of birth: |  | Gender: |  |
| Phone number: |  | E-mail address: |  |
| Street: |  | No: |  |
| Postal Code: |  | City: |  |
| Country: |  | | |

**CONTACT IN CASE OF EMERGENCY (ICE)**

|  |  |  |  |
| --- | --- | --- | --- |
| ICE name: |  | ICE phone: |  |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| 1. Do you know Polish language? |  |
| 1. Are you a member of Polish organization in your country? |  |
| * If yes, please give the name and e-mail of this organization |  |
| * If yes, in what type of activities do you participate? |  |
|  |  |

**OTHER INFORMATION:**

General dietary

|  |  |  |  |
| --- | --- | --- | --- |
|  | REGULAR  \_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | VEGAN |

|  |  |
| --- | --- |
| Allergies: |  |

………………………………………………………………………………

Signature