

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).

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| Village Reference number | | | |
| Host National Association | | Host Chapter | |

ADULT LEADER

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|---|-------------|---------------------|----------------|----------------------------|-----------------------------------|---------------------|
| 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 | | | | | | |

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| Do you have any dietary requirements that the staff would need to know? (E.g. allergies, vegetarian) |
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| 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? |
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| Please list or comment on Adult Delegate's Special Skills and / or interests | |
| Swimming | |
| Drama | |
| Arts / Crafts | |
| Sports | |
| Folk Dance | |
| Music | |
| Others | |

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|------------------------|---------------|-------------|-------------|
| Language skills | | | |
| Language | Fluent | Good | Fair |
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| Do you have certification in: | |
| Swimming | |
| Life Saving | Cardiovascular / Pulmonary Resuscitation? |
| 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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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?

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FEMALE PARTICIPANT 2

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|---|--------------|-----------|---------------------|--|
| 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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MALE PARTICIPANT 1

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|--|--------------|-----------|---------------------|--|
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| Date of Birth (dd/mm/yyyy) | | | | |
| Given Name | | | | |
| Surname | | | | |
| Name he wishes to be known by at the village | | | | |
| Number & Street | | | | |
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| Area / State / Province | | | | |
| Country | | | Postcode / Zip code | |
| | Country Code | Area Code | Local Number | |
| Tel | | | | |
| Fax | | | | |
| Mobile Number | | | | |
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MALE PARTICIPANT 2

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|--|--------------|-----------|---------------------|--|
| National Association | | | Chapter | |
| Date of Birth (dd/mm/yyyy) | | | | |
| Given Name | | | | |
| Surname | | | | |
| Name he wishes to be known by at the village | | | | |
| Number & Street | | | | |
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PHOTOGRAPHS

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| GIRL 1 | GIRL 2 |
| | |
| Name she wishes to be known by at the village | Name she wishes to be known by at the village |
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| 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 | |
| | |