



APPLICATION FORM

International Camp

PERSONAL INFO

Name Surname:

Date of birth:

Passport n.:

Sex:

Address:

Telephone:

Mobile:

E-mail:

Facebook:

Skype:

SKILLS

Speaking languages: ☐ Azerbaijani ☐ English ☐ Turkish ☐ French ☐ Russian ☐ Other _____

Other skills:

MEMBERSHIP IN NATIONAL SCOUT ORGANIZATION

Role and experience in scouting?:

Date of membership in NSO:

Participation in international events (if any):

Your expectation from the camp:

Participant ☐

STAFF (arrives a week before the camp) ☐

MEDICAL REQUIREMENTS

Medical conditions:

Please specify if you have any dietary requirements:

Name and Surname of the person to be contacted in the case of emergency:

Phone number of the person to be contacted in the case of emergency:

SIGNATURES

Signature of applicant:

Date:

Signature of the International Commissioner:

Date:

VISA

Please enter the information below in the case you need an entry visa to the Republic of Azerbaijan.

Pasport №:

Visas will be provided at the airport

Date of issue of the passport:

Date of expiry of the passport:

Date of arrival to Azerbaijan:

Passport issuing authority:

Date of departure from Azerbaijan:

Please send the filled form to wonderland2014@scout.az until 10 June 2014