



INFORMATION FORM

PERSONAL INFORMATION

NAME: _____ SURNAME: _____

DATE OF BIRTH: _____

NATIONALITY: _____

ADDRESS: _____

MOBILE PHONE: _____ E-MAIL ADDRESS: _____

FURTHER INFORMATION:

EDUCATION LEVEL: _____

FIELD OF EDUCATION: _____

WHY ARE YOU INTERESTED IN THE CAMP? (max. 3 lines)

PERMISSION:

Do you give EAVI permission to share your video, if shortlisted, on our Instagram account?

- ☐ YES
☐ NO

CANCELATION POLICY:

EAVI CAMP is free of charge. We kindly ask you though to tell us at least 20 days before of the camp (if selected) if you are unable to come. In this way we will have time to welcome another participant.

TERMS AND CONDITIONS:

By signing below, I hereby confirm that I have answered truthfully in every regard and that there are no circumstances which prevent me from engaging in a co-operative and collaborative and respectful manner in a mixed race, mixed gender residential Working camp. I also confirm that I will make the organizers aware confidentially of any medication that I am required to take during my time at the EAVI Summer Camp before the camp begins. The EAVI representatives equally confirm to hold such information in the strictest confidence.

Date _____

Signature _____