



CANNE KLUB KAMNIK
Bevkova ulica 40
1241 KAMNIK
contact@canneklubkamnik.eu

application form

KAMNIK CANNE SUMMER CAMP

30th of July to 5th of August 2016

First name:

Family name:

Date and place of birth:

Address:

City: Postal Code:

Nationality:

Passport/ID number:

Club name:

Special requests and comments:

I'm participating at my own risk and I have a valid medical insurance

Date: Signature:

Parent's signature (if the applicant is under 18 years old):