



COURSE / CAMP:

PERSONAL INFORMATION

NAME AND SURENAME:

FOREINGER WIHOUT
CZECH ID:

IDENTIFICATION NUMBER:

BIRTHDATE:

STREET ADDRESS:

CITY:

ZIP CODE:

SCHOOL:

INSURANCE COMPANY:

CITIZENSHIP:

HEALTH WARNINGS:

CONTACT

PHONE NUMBER HOME:

PHONE NUMBER CHILD:

NAME 1. PARENT:

PHONE NUMBER:

ADDRESS:

if it is different than address of child

NAME 2. PARENT:

PHONE NUMBER:

ADDRESS:

if it is different than address of child

E-MAIL:

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I AGREE TO THE PROCESSING OF PERSONAL DATA:

PROPAGATIONAL
MATERIALS

YES

NO

SENDING NEWS LETTERS
DDM P7

YES

NO

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AFTER ACTIVITIES
STUDENT LEAVES:

UNACCOMPANIED
ACCOMPANIED

PAYMENT FOR COURSE

HALF A YEAR
YEAR

Please fill out this registration form and send it from the email which you provided to the email of the leader of the course / camp or send it to prihlasky@ddmp Praha 7.cz. According to the details you filled in, we will send a complete application with payment details to your email. Submit the signed application, which is legally binding, to the leader of the course / camp. Thank you for your interest and have a nice day. Team of DDM Praha 7.