

REGISTRATION FORM

DISCOVER ARMENIA

Trip to Armenia and Karabakh (15-18 years old)

August 7 to 26, 2010

Participant Last Name: _____ First Name: _____

Birth Date: _____

Address/PO Box: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____

Phone: _____

Father's Name: _____ Daytime Phone: _____

Mother's Name: _____ Daytime Phone: _____

Emergency Phone: _____

Does the participant speak Armenian? Yes No French? Yes No English? Yes No

Payment of 790€ enclosed, to the order of UGAB Arménie

(Non-refundable deposit except for valid reason as determined by AGBU)

For information about AGBU Youth Programs in French, please visit: <http://enfants.agbueurope.org>

I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Date: _____ Signature of parent or guardian: _____

AGBU is covered by general liability insurance, but it does not cover all occurrences. We recommend that you subscribe to an individual supplementary insurance to cover any accidents and repatriation expenses.

Please complete this form and return it with payment to
UGAB Arménie - Karabagh
11, square Alboni – 75016 PARIS France

Bank information

Name: Association UGAB

Bank Name: BPPC MRS-MAZARGUES - 00013

Bank Code: 14607

Counter: 00013

Account: 01319509600

Key: 42

Iban: FR76 1460 7000 1301 3195 0960 042

SWIFT (BIC): CCBPFRPPMAR