

**REGISTRATION FORM**  
**AGBU Trip to Armenia and Karabakh (15-18 years old)**  
*August 9 to 29, 2008*

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 500€ enclosed, to the order of UGAB Arménie\*  
(non-refundable deposit except for valid reason as determined by AGBU)

\* Cost details are available on <http://enfants.ugabfrance.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 a 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