



July 7 - 13 • Montevideo, Uruguay

**AGBU XVII World Games**

55 East 59th Street, New York, NY 10022-1112  
Tel. 212.319.6383 Fax 212.319.6507 www.agbu.org



# REGISTRATION FORM

PLEASE COMPLETE ALL FIELDS

## PERSONAL INFORMATION

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (incl. Country/Area Codes) \_\_\_\_\_ Email \_\_\_\_\_

Sex:  Male  Female Date of Birth (dd/mm/yy): \_\_\_\_\_  
*(Minimum age for participation: 16)*

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

## AGBU MEMBERSHIP

I am an AGBU Member participating as a/an:  Athlete  Coach/Chaperone  Guest

Please indicate in which sports you would like to participate:

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="radio"/> Football           | <input type="radio"/> Volleyball (Men)   | <input type="radio"/> Table Tennis |
| <input type="radio"/> Basketball (Men)   | <input type="radio"/> Volleyball (Women) | <input type="radio"/> Chess        |
| <input type="radio"/> Basketball (Women) | <input type="radio"/> Swimming           | <input type="radio"/> Backgammon   |

## MEDICAL/EMERGENCY INFORMATION

Insurance Carrier \_\_\_\_\_ Medical Card No. \_\_\_\_\_

Please list any medical conditions that you have:  Allergies (Specify: \_\_\_\_\_)  
 Diabetes  Asthma  Hypoglycemia  
 Heart condition  Other: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Do you need to take any medications on a regular basis? Name of medication: \_\_\_\_\_ Taken for: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation: \_\_\_\_\_

## CHAPTER CHAIR'S AUTHORIZATION

I, \_\_\_\_\_, being the Chairperson of the AGBU \_\_\_\_\_ Chapter/District,  
certify that the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH TWO PASSPORT SIZE PHOTOS TO THIS FORM.  
THANK YOU.**

Confirmations will be emailed to you upon receipt of forms.  
Questions? Call 212.319.6383 or email youth@agbu.org  
Registration form is not valid until payment is received.



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## PAYMENT FORM

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

CHAPTER/DISTRICT AFFILIATION \_\_\_\_\_

The AGBU Member/Supporter named above has submitted payment in full for the following:  
(Please check all that apply)

**PACKAGE PAYMENTS:**

- \$450 Full Program/Triple Room (3-star hotel)
- \$515 Full Program/Double Room (4-star hotel)
- \$590 Full Program/Double Room (4-star superior hotel)
- \$680 Full Program/Double Room (5-star hotel/Radisson)

**ADDITIONAL NIGHTS:**

- \$22 x \_\_\_\_\_ nights.
- \$28 x \_\_\_\_\_ nights.
- \$45 x \_\_\_\_\_ nights.
- \$70 x \_\_\_\_\_ nights.

**OPTIONAL EVENING EVENTS:**

- \$25 Club Night
- \$50 Uruguayan Dinner & Show
- \$20 Montevideo Philharmonic Concert

**OPTIONAL TOUR PACKAGES:**

- \$55 Day Trip to Colonia (lunch not included)
- \$35 Day Trip to Punta del Este (lunch not included)
- \$18 Montevideo City Tour (lunch not included)

**FLIGHT INFORMATION:**

Arrival Date: \_\_\_\_\_ Airline: \_\_\_\_\_

Time: \_\_\_\_\_ Flight #: \_\_\_\_\_

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Departure Date: \_\_\_\_\_ Airline: \_\_\_\_\_

Time: \_\_\_\_\_ Flight #: \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_ USD**

**Received by: \_\_\_\_\_**

**Chapter/District Chair or Sports Committee Chair  
(Please circle one)**

**Note: A 3% transaction fee must be added to all credit card payments**