**APPLICATION FORM**

**Youth Leader Training Seminar, Slovenia 2012**

**29. 8.-2. 9. 2012**

1. **About Mountaineering Federation (Association or Club):**

|  |  |
| --- | --- |
| **Mountaineering Federation or Club:** |  |
| **Name of federation contact person:** |  |
| **Telephone:**  **Mobile:** |  |
| **Email:** |  |

1. **Brief information about the participant (submit 1 form per participant)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and Family Name** |  | | | | | | | **Sex** |  |
| **Date of Birth** |  | **Email** | |  | | | | | |
| **Address** |  | | | | | | | | |
| **Telephone** |  | **Fax** | | |  | | | | |
| **Mobile telephone** |  | | | | | | | | |
| **Emergency home contact number** |  | | | | | | | | |
| **Passport number** |  | | **Period of validity** | | | |  | | |
| **Date of issuing and city** |  | | | | | | | | |
| **Will you introduce us the education/training system with children in your Federation?**  🞎 YES 🞎 NO  **If yes, please bring some materials with you** (brochures/video/books/ppt ..). | | | | | | | | | |
| **Please indicate your language preferences.** | | | | | | | | | |
| **Spoken languages** | **1.** | | | | | **2.** | | | |
| **Special diets: 🞎 vegetarian 🞎 Eat variety 🞎 allergies and intolerances 🞎 special diet**  **Details:** | | | | | | | | | |
| **Do you have any Special medical needs or allergies that we should be aware of?** | | | | | | | | | |
| **If you have some additional questions:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |

**N.B. If you have more participants, please use another copy of this form.**

**ARRIVAL AND DEPARTURE:**

**Date and place of arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you coming 🞎 by plane

(to the airport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Number of your flight \_\_\_\_\_\_\_\_\_\_ and time of your arrival \_\_\_\_\_\_\_\_\_\_\_. We’ll provide a ride from the Airport Ljubljana/Brnik = Jože Pučnik Airport to Bavšica valley at 14.00, 29. 8. 2012.),

**🞎 by car, 🞎 by bus** (We can provide a ride from Bovec to Bavšica)**.**

**Date of departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE:** Participants should have a collective or individual insurance policy, which guaranties covering the expenses of the rescue operations if an accident happens to them in the Bavšica. *In addition third party liability, accident and travel insurance should be acquired. Please bring a copy of your insurance with you.*

Name of the insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEADLINE AND APPLICATIONS:**

**This form must be sent, if possible through your federation, to the following**

**e-mail:** [**mladinska.komisija@pzs.si**](mailto:mladinska.komisija@pzs.si) **till 20. 7. 2012.**