

ANNEX 1

IMC SAILING CAMP VENICE (ITALY) 2018

REGISTRATION FORM

National Association affiliated to IMC.....

Participant: (first Name) (last Name).....

Date of Birth Place of Birth.....

Gender: Male Female

Address.....
.....

Phone
(home).....mobile.....

E-mail.....

Languages spoken (and level).....

Participant's signature Date