ALLEGATO 4

IMC SAILING CAMP VENICE (ITALY) 2019 TRAVEL PLAN

Participant: (first Name)(last Name)(last Name)
My son/daughter/person of which I am the guardian, will join the Summer Camp by: (1)
he/she will arrive to Venice: (2)
at (3)
with: flight (4)train (4)
he/she will depart from the Summer Camp by: (1)
at (3) with flight (4)
train (4)
Signed (by the Parent or the Legal Gardian)
Date
Remarks:
(1) Plane, Train or car
(2) Airport, Railway Station or Summer Camp
(3) Day and time (i.e. : 31.08 at 2055)
(4) nr. of flight or train