

**Participant Registration Form Living Stones 04-08.09.2019, Verona, Italy**

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| **Name** |  | | | | |
| **Sex** |  | | | | |
| **Date of Birth** |  | | | | |
| **Address** |  | | | | |
| **Phone number** |  | | | | |
| **E-mail address** |  | | | | |
| **Scout/Guide Association** |  | | | | |
| **Position** |  | | | | |
| **Languages** | None | Poor | Can manage | Good | Very good |
| English |  |  |  |  |  |
| French |  |  |  |  |  |
| Spanish |  |  |  |  |  |
| Other (including mother tongue) |  | | | | |
| **Dietary or other special requirements** |  | | | | |

Date:

Signature:

Endorsement by IC or Pastoral Committee Responsible: