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

|  |  |
| --- | --- |
| **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: