

APPLICATION FORM. EMMAUS ÅLAND SUMMER CAMP
July 29th – August 13th 2017

Name: _____

Address: _____

E-mail: _____

Mobile phone: _____

Date/year of birth: _____

Passport number (if you need invitation for visa application) _____

Education/Occupation: _____

Please explain why you are interested in taking part in the summer camp on Åland:

If you are a member of an Emmaus group, please provide contact information for it:

Please return the registration form by e-mail to robert@emmaus.ax before April 27th 2017