



Krinkel - Inscription form *(English)*

Fill in this form as completely as possible and send it to your own organisation. They will ensure that we receive all the forms of the participants of your organization. If your organisation does not have a national office or is unresponsive, mail the form to krinkel-international@chiro.be.

Identity:

First name:	
Last name:	
Email:	
Phone number:	
Date of birth:	
Gender:	

Address:

Street:		Number:	
City:		Zip code:	
Country:			

**Food & allergies:**

Vegetarian:	Yes / No
Other diets, allergies or special food needs:	

Organisation:

Organisation:	
Local group:	

Personal info:

Job/studies:	
Knowledge English:	Very good / good / basic / notions / none
Knowledge French:	Very good / good / basic / notions / none
Knowledge Spanish:	Very good / good / basic / notions / none



**Why do you want to participate in this international camp?
Explain in a few sentences.**

We hope to see you at Krinkel!

International committee of Chirojeugd Flanders.