## CONTESTANTS’ REGISTRATION FORM

This form should be sent by your country coordinator to [euso2015@gmail.com](mailto:euso2015@gmail.com)

no later than on 15th of March 2015

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| Country: |  | | | |
| ***Each student is expected to possess the European Health Insurance Card.*** | | | | |
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| **Student 1 – Team A** | | | | |
| First name: |  | | Surname: |  |
| Date of birth: |  | | Gender: | Female  Male |
| Home address: | |  | | |
| School name: | |  | | |
| Emergency phone number\*: | |  | | |
| Spoken languages: | |  | | |
| Food-dietary requirements: | |  | | |
| Medical requirements: | |  | | |
| T-shirt size: | XS  S  M  L  XL  XXL | | | |

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| **Student 2 – Team A** | | | | |
| First name: |  | | Surname: |  |
| Date of birth: |  | | Gender: | Female  Male |
| Home address: | |  | | |
| School name: | |  | | |
| Emergency phone number\*: | |  | | |
| Spoken languages: | |  | | |
| Food-dietary requirements: | |  | | |
| Medical requirements: | |  | | |
| T-shirt size: | XS  S  M  L  XL  XXL | | | |

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| **Student 3 – Team A** | | | | |
| First name: |  | | Surname: |  |
| Date of birth: |  | | Gender: | Female  Male |
| Home address: | |  | | |
| School name: | |  | | |
| Emergency phone number\*: | |  | | |
| Spoken languages: | |  | | |
| Food-dietary requirements: | |  | | |
| Medical requirements: | |  | | |
| T-shirt size: | XS  S  M  L  XL  XXL | | | |

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| **Student 4 – Team B** | | | | |
| First name: |  | | Surname: |  |
| Date of birth: |  | | Gender: | Female  Male |
| Home address: | |  | | |
| School name: | |  | | |
| Emergency phone number\*: | |  | | |
| Spoken languages: | |  | | |
| Food-dietary requirements: | |  | | |
| Medical requirements: | |  | | |
| T-shirt size: | XS  S  M  L  XL  XXL | | | |

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| **Student 5 – Team B** | | | | |
| First name: |  | | Surname: |  |
| Date of birth: |  | | Gender: | Female  Male |
| Home address: | |  | | |
| School name: | |  | | |
| Emergency phone number\*: | |  | | |
| Spoken languages: | |  | | |
| Food-dietary requirements: | |  | | |
| Medical requirements: | |  | | |
| T-shirt size: | XS  S  M  L  XL  XXL | | | |

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| **Student 6 – Team B** | | | | |
| First name: |  | | Surname: |  |
| Date of birth: |  | | Gender: | Female  Male |
| Home address: | |  | | |
| School name: | |  | | |
| Emergency phone number\*: | |  | | |
| Spoken languages: | |  | | |
| Food-dietary requirements: | |  | | |
| Medical requirements: | |  | | |
| T-shirt size: | XS  S  M  L  XL  XXL | | | |