

Dear Secretary/Contact Person,

Please complete the appropriate information and **FAX** this form to the IO and all participating NA's (*by 1st March for July/August activities and 1st September for December/January Activities*).

TO CISV		Please forward this form to the appropriate Chapter and participants
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You are invited to participate in a		Reference No.	
Host Chapter		In Country	

Airport		International Airport Code	
Railway Station			

	(Day / Month / Year)		Time (00.00)
Be there on		Before	
Depart on		Not before	

Contact Address Prior to Camp

Given Name			
Surname			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Contact Tel			
Mobile Number			
E mail			

Address of Camp Director (if available)

Given Name			
Surname			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Contact Tel			
Mobile Number			
E mail			

Camp Address only valid during the activity

Given Name			
Surname			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Contact Tel			
Mobile Number			
E mail			

Age of Participants		Size of Delegation	
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There will be delegations and participants from:

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Other Information:

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