



13 - 22 August 2024 - Wakayama (Japan)

2024 YOUTH CAMP FORM FOR PARTICIPANT

Name and Surname of PARTICIPANT: _____

Address: _____ Date of birth: _____

City: _____ ZIP Code: _____

Mobile Number: _____ Email: _____

T-Shirt Size: Boy Girl XS S M L XL XXL

Name and Surname of PARENT (Father or Mother): _____

Mobile Number: _____ Email: _____

EVENTUAL HEALTH INFORMATION

Diseases: _____

Allergy A: _____ Treated with (medication): _____

Allergy B: _____ Treated with (medication): _____

Drug needed for use during the Camp: _____

Food: Vegetarian Vegan Gluten free Other _____

Note: _____

In the event of illness or allergies, it is necessary to attach the foreign health insurance relating to the planned therapy.

The cost for the payment is \$ 500

It is including food, accommodation, transport, insurance and various materials.
To send to this mail with attachment the receipt payment with respective deadline
and the registration form:

EMAIL: youth.camp2024.jpn@gmail.com

INFORMATION OF BANK ACCOUNT
(送金先銀行のお知らせ)

Youth Camp 2024 JDBA(ユースキャンプ2024 JDBA用)

Beneficiary Bank (Account with Institution) (受取銀行情報)

SWIFT Code / BIC (銀行特定コード)	RAKTJPJT
Bank Name (受取銀行名)	RAKUTEN BANK, LTD
Branch Name (支店名)	HEAD OFFICE
Bank Address (受取銀行住所)	2-16-5 KONAN, MINATO-KU, TOKYO, JAPAN

Beneficiary Information (受取人情報)

Account Number (受取人口座番号)	2463334555
Beneficiary Name (受取人名)	HIROKAZU TANIDA
Beneficiary Address (受取人住所)	487 HIRAMATUCYO, HIGASHIOUMI-SHI, SHIGA, JAPAN

Intermediary Bank (中継銀行情報)

SWIFT Code / BIC (銀行特定コード)	SMBCJPJT
Bank Name (中継銀行名)	SUMITOMO MITSUI BANKING CORPORATION, TOKYO, JAPAN

Registration Deadline: 13 June 2024

The use of personal and health data is authorized in order to protect the health of the participants in the holiday.

PRIVATE DATA TREATMENT AUTHORIZATION

- I authorize the organisation to the processing of personal data in order to manage all the practices for the proper conduct of the holiday. (Mandatory authorization)
- I authorize the organisation to disseminate images and videos that portray my son or daughter on the website and on social networks managed directly and exclusively by the organisation.
- I authorize the organisation to distribute data to third-party companies connected to it for the purpose of sending advertising offers and promotions.

To be attached: - Medical insurance
- Flight information
- Payment receipt

Date, Place

Signature of the parent