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**Azərbaycan Skautlar Assosiasiyası**

**Association of Scouts of Azerbaijan**

| **APPLICATION FORM**  International Camp | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL INFO | | | | | | | | | | |
| Name Surname (As in Passport): | | | | | | | | | | |
| Date of birth: | | | Passport n.: | | | | | Sex: | | |
| Address: | | | | | | | | | | |
| Telephone: | | | Mobile: | | | | | E-mail: | | |
| Facebook: | | | Skype: | | | | |  | | |
| Skills | | | | | | | | | | |
| Speaking languages: Azerbaijani  English  Turkish  French  Russian  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Other skills: | | | | | | | | | | |
| membership in national scout organization | | | | | | | | | | |
| Role and experience in scouting?: | | | | | | Date of membership in NSO: | | | | |
| Participation in international events (if any): | | | | | | | | | | |
| Your expectation from the camp: | | | | | | | | | | |
| **Participant** | | | | **STAFF (arrives a week before the camp)** | | | | | | |
| Please select preferred role as a STAFF member (Dining – cleaning; camp building; daily programme realization; Medical; Sports Instructor (mountaineering, alpinism, pioneering, archery, shooting etc); Security; Supply; Camp games organizing, other. Mark the fields below as prefer consequently. | | | | | | | | | | |
| **1.** | **2.** | **3.** | | **4.** | | | **5x.** | | | **6.** |
| Medical requirements | | | | | | | | | | |
| Medical conditions: | | | | | | | | | | |
| Please specify if you have any dietary requirements: | | | | | | | | | | |
| Name and Surname of the person to be contacted in the case of emeregency: | | | | | | | | | | |
| Phone number of the person to be contacted in the case of emeregency: | | | | | | | | | | |
| Home hospitality | | | | | | | | | | |
| Do you require Home Hospitality: | | | | Yes | | | | | No | |
| If yes, please write the dates | | | | Arrival: | | | | | Departure: | |
| Signatures | | | | | | | | | | |
| Signature of applicant: | | | |  | | | | | Date: | |
| Signature of the International Commissioner of NSO: | | | |  | | | | | Date: | |
| vISA | | | | | | | | | | |
| *Please enter the information below in the case you need an entry visa to the Republic of Azerbaijan.* | | | | | | | | | | |
| Pasport №: | | | | | **Visas will be provided at the airport** | | | | | |
| Date of issue of the passport: | | | | |
| Date of expiry of the passport: | | | | | Date of arrival to Azerbaijan: | | | | | |
| Passport issuing authority: | | | | | Date of departure from Azerbaijan: | | | | | |

***Please send the filled form to*** [***wonderland2016@scout.az***](mailto:wonderland2016@scout.az%20%20%20%20) ***until 6 June 2016***