## CONTESTANTS’ REGISTRATION FORM

This form should be sent by your country coordinator to 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 |