



SVETOVNI SLOVENSKI KONGRES

Slovenska konferenca

22. YOUTHCAMP OF SLOVENIAN CHILDREN FROM ABROAD

(ČŠOD KAVKA close to Kobarid, from July 28 to August 4, 2018)

APPLICATION FORM

NAME AND LAST NAME	
DATE AND PLACE OF BIRTH	
CITIZENSHIP	
GENDER	
FULL HOME ADDRESS (STREET, NUMBER)	
ZIP CODE, STATE	
COUNTRY	
ID NUMBER OF VALID PASSPORT OR OTHER PERSONAL DOCUMENT	
PHONE & MOBILE PHONE (GSM)	
E-MAIL	

Knowledge of Slovenian language (circle one):

1. VERY POOR 2. FAIR 3. GOOD 4. EXCELLENT

Swimming ability (circle one):

1. NON-SWIMMER 2. SWIMMER

Please, notify us about any SPECIAL NEEDS or ALLERGIES (disabilities, medicals, allergies, diets...):

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Address of relatives in Slovenia (or a contact person):

Name and surname:

Full address:

Phone or mobile phone:

With my signature I grant permission to Slovenian Conference SSK to use photo or video materials taken on Youthcamp for promotion of SSK activities for youngsters on home web site or printed materials.

Date:

Signature of a parent:

Application form without an appropriate signature of a parent or legal caretaker will not be accepted as valid. In order to ensure your accommodation send your application **until May 20 2018** to the following address by mail: SSK, Cankarjeva 1/IV, 1000 Ljubljana, to fax: 00386 1 242 85 58 or email: luka.klopcic@slokongres.com.