



Firm and definitive registration

FILE FORM FOR THE HUMANITARIAN MISSION IN THAILAND

17 April – 28 April 2019

<i>Please write legibly with capital letters</i>	
First Name : <i>Like in your passport</i>	Last Name: <i>Like in your passport</i>
Date of birth :	Nationality :
email student: email parents :	No passport : Delivered : Exp. date :
Student address: Student mobile phone	Parents or responsible person : Parents mobile :
Medical check up : Is the student inoculated against the hepatitis A + B? (Recommended but not compulsory vaccine) If yes, date of vaccine : Does the student suffer of any illness or allergy ? If yes which one?	<u>Health and accident insurance :</u> Number: Repatriation insurance : yes <input type="checkbox"/> no <input type="checkbox"/> Cancellation insurance : yes <input type="checkbox"/> no <input type="checkbox"/> Insurance name :
Comment : 	Holder of a CFF subscription ? Yes <input type="checkbox"/> no <input type="checkbox"/> General ? yes <input type="checkbox"/> no <input type="checkbox"/>



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Cost of the journey : CHF 2'700.- (approximately) Date of registration : 3 December 2018 This journey is organized by Jan & Oscar Foundation for IB students in the context of CAS activities (creativity-activity-service) of the international baccalaureate program and for all students aged 15 and above.

The exact price and details of the program will be communicated as soon as the number of participants is known. A deposit of **CHF 2'000.- will be charged** at reception of this file form.

All costs are included: (besides pocket money) flights, transportation, food, accommodation, 3 adults activity supervisors, corporate insurance.

This form is considered as final and the deposit is nonrefundable.

Please provide a copy of **your passport** and make sure it is valid **min 6 months** after the trip date.

The parents of authorize their child to participate in the humanitarian mission in Thailand which will take place from 17 April to 28 April 2019.

Last name and first name of student :

Student signature :

Last name and first name of the parents or legal representative :

Signature of parents or legal representative :
