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## Halloween Camp 2017

 **Application**

#### Peknikova 6, Bratislava

**info@eel.sk** **+421 908 548 339**

# Terms

**□ 30-31 October & 2-3 November 2017**

# Student information

**1**

**Child’s name:**

**Date of birth:**

**Health issues or other notes:**

**2**

**Child’s name:**

**Date of birth:**

**Health issues or other notes:**

**3**

**Child’s name:**

**Date of birth:**

**Health issues or other notes:**

**4**

**Child’s name:**

**Date of birth:**

**Health issues or other notes:**

### Parent information

**Name of parent:**

**Contact phone number:**

**E-mail address:**

**Address:**

**If you wish the invoice to be issued for your company, please write the invoicing details here**

**Name of company:**

**Address:**

**IČO, DIČ, IČ DPH (ID #, tax ID #):**