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## Easter Camp 2018

 **Application**

#### Peknikova 6, Bratislava

**info@eel.sk** **+421 908 548 339**

# Terms

**□ 3-6 April 2018**

# Student information

**1 (119,-EUR)**

**Child’s name:**

**Date of birth:**

**Health issues or other notes:**

**2 (109,-EUR)**

**Child’s name:**

**Date of birth:**

**Health issues or other notes:**

**3 (109,-EUR)**

**Child’s name:**

**Date of birth:**

**Health issues or other notes:**

**4 (109,-EUR)**

**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 #):**