APPLICATION FORM SUMMER CAMP

FULL NAME:
ENGLISH NAME:
GENDER:
DATE OF BIRTH (DD/MM/YYYY):
COUNTRY OF BIRTH:
NATIONALITY:
E-MAIL ADDRESS:
FATHER NAME:
MOTHER NAME:
FULL HOME ADDRESS:
PASSPORT NUMBER:
PASSPORT ISSUE DATE:
PASSPORT EXPIRY DATE:
FOOD preferences (Vegetarian, vegan, lactose intolerance, gluter
intolerance, non-pork, non-beef, seafood, or any other preferences):
ANY ALLERGY: nagement Institute
ANY PRESCRIBED MEDICINE:

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For	participants under the legal age of 18 years old, approval of
pare	nt/guardian is required. I hereby give my consent to allow
son/d	daughter/minor to travel
Switz	zerland and participate in the HTMi Switzerland Summer Camp Progra
Full I	Name of Parent/Guardian
Relat	tionship to participant
Sign	ature of parent/guardian
Date	(DD/MM/YYYY)
Telep	phone
	ress
City	
Post	al Code
Cour	ntry

Participants/Guardian is responsible for providing proof of the required medical insurance needed for entry into Switzerland before the day of arrival. Please note this form contains the key information required for us to get in contact with you to allow you to start the visa application process for entry into Switzerland.

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ADDITIONAL ITEM CHECKLIST

Apart from everyday clothing items we strongly advise you to bring the following items that may be useful based on certain activities

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Mobile phone/Camera		
□ Pocket money		
Insurance cards (health and travel)		
List of medications, prescription letter		
Toiletries (toothbrush, toothpaste, soap, shampoo, deodorant)		
Appliances (phone and laptop charger, adapter for Swiss sockets)		
Laptop, iPad or a similar tablet		
Backpack		
Light jacket or a hoodie		
Long-sleeve smart casual shirt (preferably white)		
Jeans, trousers, shorts, smart casual trousers		
Shoes (sneakers, walking shoes, smart/casual shoes, sport shoes)		
Swimsuit and beach towel		
Sunscreen Hotel and Tourism		
Sunglasses nagement Institute		
Umbrella Switzerland		