



Registration form for participants Flamboree 2009

International groups

Please complete this registration form and send it to the following address:

Scouts en Gidsen Vlaanderen
 Att: Flamboree Registration
 Lange Kievitstraat 74
 2018 Antwerpen
 Belgium

You can also email this form to registration@flamboree.be.

Thanks!
 The Flamboree Registration team

Group information

Name group	
Country	
National Scouts Organisation	
Group's Number at National Scout Organisation (if applicable)	
Age Group	
Number of leaders	
Number of participants	
Are you insured by your NSO or others against physical accidents, civil liability and repatriation during scouting activities, also if these happen abroad?	YES / NO



Contact Info – Contact Person

First name	
Last name	
E-mail (please in capitals)	
Role/Function	
Street + nr + box	
Zip/Postal Code	
City	
Region	
Country	
Telephone number	
Mobile Phone Number	
International Bank Account Number	
BIC (Bank Identifier Code)	

Language Skills

Language spoken in your group			
Language spoken for correspondence	DUTCH / ENGLISH / FRENCH		
Language skills in your group (1 = a little, 5 = fluently)			
Language		Level	
Language		Level	
Language		Level	
Language		Level	

Flamboree Info

Please describe shortly how (airplane, bus, train ...) you intend to come to the campsite:

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Please specify any special documents you might need in order to travel (eg. visa, personal invitation letter ...):

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Please describe any cultural habit we should pay extra attention to (religion, food ...):

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Home Hospitality

Are you interested in Home Hospitality (stay with a Flemish scouting group before or after Flamboree)?	YES / NO
With how many persons do you want to participate at HoHo?	
When do you want to have HoHo?	BEFORE FLAMBOREE / AFTER FLAMBOREE / DOESN'T MATTER
We prefer HoHo	IN FAMILIES / TOGETHER AT SCOUTING HQ
We would like the other group to be	ONLY BOYS / ONLY GIRLS / MIXED
Remarks concerning HoHo	

Other Remarks

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Participants info

First Name	
Last Name	
Gender	MALE / FEMALE
Leader	YES / NO
Address	
Nationality	
Date of Birth	
Diet	REGULAR / VEGETARIAN / HALAL / KOSHER
Remarks concerning food	
Person with disabilities/special needs (Akabe)	YES / NO
Please add any special information you would like to add	

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