REGISTRATION

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

MAIL ADRESS: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

DATES OF STAY: _____

FORMULAS AND SELECTED OPTIONS: _____

_____

_____

_____

ARE YOU A VEGETARIAN? : Yes ☐ No ☐

ALLERGIES : _____

_____

INDICATE IF YOU ARE COMING WITH OTHER PEOPLE: _____

_____

_____

_____

☐ AUTHORIZES THE USE OF MY IMAGE *for the purposes of promoting Mamaz activities only, on its webcsite(www.mamazsurfcamp.com), on its social networks (instagram, facebook, etc.) and other material promotional communication supports (posters, flyers, etc.) in all countries*.

At _____ on _____

Signature