

TRAINING REGISTRATION

TRAINEE INFORMATION

All information is essential in case of emergency!

Please, **NOT** handwritten!

TRAINEE DETAILS			
Name* <small>(As it appears on your id/passport)</small>		Surname* <small>(As it appears on your id/passport)</small>	
Male/Female:	Choose an item.	Date of Birth	
Email			
Mobile number		Landline number	
Passport/ID no*		Specific data (Medical, allergies, special diets etc.)	
DATE Issued*			
Issued by*			
Home address, Postal code + City			
School name address, Postal code + City			
FATHER'S DETAILS			
Name, Surname *		Mobile number*	
Landline number		Work number	
Email			
MOTHER'S DETAILS			
Name, Surname*		Mobile number*	
Landline number		Work number	
Email			

* VERY IMPORTANT INFORMATION MUST BE COMPETED