

PRE-REGISTRATION FORM

Selected Package	
Package 1	<input type="checkbox"/>
Package 2	<input type="checkbox"/>

Selected Package	
Package 3	<input type="checkbox"/>
Package 4	<input type="checkbox"/>

Name	First names	Date of birth	Age (8 years minimum)

2. RESPONSIBLE FOR THE CHILD

<p>Parent(s)</p> <p>Name :</p> <p>First names:</p> <p>Home telephone :</p> <p>Portable :</p> <p>E-mail :</p>
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DOCUMENTS TO BE PROVIDED UPON REGISTRATION

- Registration form
- Health sheet
- Parental Authorization

Please return registration files by email to info@dreamafrica.africa