

ADULT REGISTRATION FORM

PACKAGE 1 <input type="checkbox"/>	PACKAGE 2 <input type="checkbox"/>
------------------------------------	------------------------------------

Names	First names	Date of birth
1.		
2.		
3.		
4.		

Person to notify in case of emergency:

Person 1:	Person 2:
Name :	Name :
First names:	First names:
Home telephone:	Home telephone:
Portable :	Portable :
Other Tel:	Other Tel:
Link with the participant(s):	Link with the participant(s):

Authorisation :

I authorize **Dream Africa** to publish photos and images taken during our activities:

- As part of internal activities of **Dream Africa**
- As part of the external communication of **Dream Africa**(press, Facebook, etc.)

Signature.....

Date :