

**20th Annual International Summer Camp Application Form**

**Date:** August 3rd-16th, 2020

**Location:** Aida Refugee Camp • Bethlehem, Palestine

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**CAMP ATTENDEE INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Female  Male  Self-Describe: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Telephone #: \_\_\_\_\_ WhatsApp #: \_\_\_\_\_

Email: \_\_\_\_\_ Profession/Career: \_\_\_\_\_

Are you a student?:  No  Yes – Course of Study: \_\_\_\_\_

Native Language(s): \_\_\_\_\_ Other Language(s): \_\_\_\_\_

Shirt Size:  Youth Large  Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large

Dietary Restrictions:  None  Vegetarian  Vegan  Food Allergies: \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL INFORMATION (preferred but not required)**

Medications:  No  Yes: \_\_\_\_\_  As Needed  Daily  Emergency

Allergic to any medications:  No  Yes: \_\_\_\_\_

Notable medical conditions:  None  Diabetes  Asthma  Heart  Other: \_\_\_\_\_

Misc. Information: \_\_\_\_\_

Signature (written or electronic): \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about our camp?

Have you ever visited Palestine before?  No  Yes [tell us about your visit]

Have you ever participated in a volunteer camp before?  No  Yes [tell us about your experience]

What do you hope to achieve by participating in this camp?

Are there any particular topics you would like to learn about?

Please tell us more about yourself and your interest in learning about Palestine.

Do you have any skills you feel may be beneficial to the Aida community?