



5th WFD RSA/P Youth Camp

28/10 ~ 2/11/2010

Entry Form

Personal Data

Family Name: _____

Given Name: _____

Gender: Male Female Date of Birth: ____/____/____ (dd/mm/yyyy) Age: _____

Nationality: _____ Passport number: _____

E-mail: _____

T-shirt size: S M L XL XXL XXXL

Size Chart (Just for reference)

Items	S	M	L	XL	XXL	XXXL
Chest Measurements	96	102	108	112	116	120
Over all Length	60	64	68	72	76	80
<i>Measurement Unit in centimeter (cm)</i>						

Please specify your dietary restrictions

Are you a vegetarian?

Yes No

Do you have any food allergy?

Yes No If yes, please specify: _____

Information of National Deaf Association

Name of national association: _____

Name of the President: _____

Address: _____

Zip code: _____

Telephone: _____ Fax: _____

E-mail: _____

Signature by President of the association: _____

Stamp of association:



Macau Deaf Association

Tel: (853) 2826 1658

Fax: (853) 2826 1604

E-mail: wfdrsapyc_macau2010@yahoo.com