



UCAPE MUN
9-12 NOVEMBER 2022
IN BAD TÖLZ
APPLICATION FORM

PLEASE ATTACH A RECENT
 PASSPORT- SIZED PHOTO HERE
 (VERY IMPORTANT!)

PLEASE COMPLETE VERY CLEARLY IN BLOCK CAPITALS OR DIGITALLY

Pupil's first name		Pupil's surname	
Date of birth		Age on 09/11/2022	
Full home address (street, city with postcode)			
Nationality		<input type="radio"/> EPH	<input type="radio"/> Q1
Parents' mobile no.	+49		
Pupil's mobile no.	+49		
Family e-mail address			
COVID-19- vaccination or recovery status	<input type="checkbox"/> COVID-19-vaccinated on _____ (1) _____ (2) _____ (3) <input type="checkbox"/> recovered from COVID-19 on _____ <input type="checkbox"/> not vaccinated		
Hobbies / interests			
Medical information allergies (Asthma, hayfever etc) or dietary problems of which accompanying teachers should be aware, (e.g. lactose intolerance, vegetarian or vegan diet)			
Signature of parent			
Signature of pupil			

Please fill in this form very clearly in ENGLISH. In line with Data Protection Regulations, this form will be destroyed by the end of 2022.