

5th European Union Science Olympiad – Potsdam, Germany – EUSO 2007

CONTESTANTS REGISTRATION FORM - TEAM (A or B)

Country: _____

Team: _____

Please return before 1st March 2007 to: EUSO 2007 Director – Dr. Eckhard Lucius

Email: lucius@ipn.uni-kiel.de

DETAILS	STUDENT 1	STUDENT 2	STUDENT 3
Family name			
First name			
Date of birth* (DD-MM-YY)			
Gender (male/female)			
School name			
School address			
Home address			
Emergency phone number**			
Spoken languages			
T-shirt size (S, M, L, XL, XXL)			
Food-dietary requirements			
Medical requirements			
Private Medical Insurance (yes/no)			

(* Born on or after 1st January 1990)

(** Country code, area code, number)

The above information is correct:

EUSO Country Coordinator