

報名參加者 Full Name	出日 Birthday	年齡 Age	性別 Gender	過敏物質 Allergens	父親 Father	Mobil Number	母親 Mother	Mobil Number	Insurance company	Insurance number

報名聯絡人 Registration Contact: VCTS 財務理事 何佩珊 Pei-Shan Ho Reichmuth Email: gikiegg@gmail.com

Remark:

- **Registration ends on May 31, when the actual number is under the minimum number of 40, we will not be able to open the camp. We thank you for your understanding!**
- **Participants under age of 6 must be accompanied by parents.**

重要訊息:

- **5月31日報名截止，實際報名參加人數未達最低數40人，將無法開營，敬請家長及報名者見諒!**
- **學生年齡未滿6歲，必須由家長陪同住營，手工藝課陪同小孩上課。**

教聯會繳費帳號:

Account: 60-135900-1

IBAN: CH71 0900 0000 6013 5900 1

BICPOFICHBEXX

Account Name:

Verband Taiwanesischer Chinesischelehrer Schweiz

POSTFINANCE AG

MINGERSTRASSE 20, 3030 BERN