**LA SABRANENQUE: VOLUNTEER RESTORATION WORK PROJECTS 2019 Registration Card**

 **Choose your session (please circle dates):**

|  |  |  |  |
| --- | --- | --- | --- |
|  June 3 - 8 June 10 - 15 June 17 - 22 June 24 - 29 |  July 1 - 6 July 8 - 13 July 15 - 20 July 22 - 27 July 29 - August 3 |  August 5 - 10 August 12 - 17 August 19 – 24 August 26 – 31 |   Sept 2 – 7 Sept 9 – 14 Sept 16 – 21  Sept 23 - 28 |

 **300 euros per week includes accommodation, meals, and activity.**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TOWN, STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX (for rooming) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITIZENSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment of the full cost of participation must be tendered to the la Sabranenque staff in euros on the participant's day of arrival at la Sabranenque. (With a PIN controlled major bank card, eg VISA, MASTERCARD, one can withdraw euros at numerous ATM's located at many banks, shopping areas, and post offices.  There is no ATM near la Sabranenque.) The volunteer accepts full legal responsibility during participation in La Sabranenque restoration projects, and will not hold La Sabranenque or any of its members or project organizers responsible for any injuries or damages incurred during participation. **(you are required to provide for health and accident insurance during your stay in Saint Victor La Coste. You should verify that your insurance includes coverage in case of travel abroad).
If your diet is special, or if you suffer from food allergies, please inform us.**

**Date & signature …………………………………………………………………………………………………………**

Please send completed form to (email or mail)

 info@sabranenque.com or
**La Sabranenque**
25 rue de la Tour de l’Oume

30290 Saint Victor la coste France