|  |  |
| --- | --- |
| **Remarks:**- Please fill in the yellow and blue fields only or mark with an **X**- Fill in 1 form for both representatives.  | I want to participate for |
|  |[ ]  **Summer Field Camp 4 weeks**25JUN-21JUL |
|  |[ ]  **Summer Field Camp 2 weeks**07JUL-21JUL |

CADET 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Insert below your picture (preferably a passport picture) – preferably in jpg-format **or** attach the picture to the mail. |
|  |

CADET 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |

|  |  |
| --- | --- |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Insert below your picture (preferably a passport picture) – preferably in jpg-format **or** attach the picture to the mail. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival atRiga International Airport (RIX) | Other(please specify) | On (arrival date)DD MM YYYY | At (arrival time[if available]) |
|  |  |  |  |
| Departure fromRiga International Airport (RIX) | Other(please specify) | On (departure date)DD MM YYYY | At (departure time[if available]) |
|  |  |  |  |

|  |
| --- |
| Please fill in your institution’s point of contact’s (POC’s) data below. |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address |
|  |  |
| In case of emergency, please give the point of contact (POC). |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address |
|  |  |

**Return NLT June 05**

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| --- |
| Ms. Gundega Zande |
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| E-mail: gundega.zande@mil.lv  |