| PROSPECTIVE  PARTICIPANT’S  PASSPORT |
| --- |

| FIRST NAME |  |
| --- | --- |
| MIDDLE  NAME |  |
| LAST NAME |  |

| D.O.B |  | AGE |  | GENDER | MALE | FEMALE |
| --- | --- | --- | --- | --- | --- | --- |
| STATE  OF ORIGIN |  | PHONE |  | | | |
| EMAIL |  | | | | | |
| ADDRESS |  | | | | | |
| SCHOOL |  | | | | | |

**HEALTH**

**HEALTH**

| Taking any medications,  Currently? |  |
| --- | --- |
| Medications For |  |

Kindly note that you are to fill this upon arriving camp ground. Groups will be allocated at the NCLC camp.

| **GROUP** |
| --- |
|  |

**PARENT/GUARDIAN INFORMATION**

| NAME |  |
| --- | --- |
| PHONE |  |