



STEP AFRiKA! INTERNATIONAL YOUTH CAMP
ZAGREB, CROATIA
April 25-May 1, 2014
PARTICIPANT APPLICATION

Applicants must be between 15-17 years to attend.

Applications must be received by February 20, 2014.

Group Leader/Teacher Information:

First Name: _____ Last Name: _____

Name of School: _____

School Address: _____

Cell Phone: _____

Work Phone _____ E-mail: _____

Members of the group (up to 4):

First Name: _____

Last Name: _____

Address: _____

Date of Birth: _____

Name of School: _____

School Address: _____

Does the group have experience in STEPPING?

YES NO

If yes, please provide background: _____

Does the group have prior experience in any kind of dancing?

YES NO

If yes, please provide background: _____

How will participation in this camp benefit your group and your community?

Medical Conditions/Food Allergies/Dietary Needs:

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____