**Registration form**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_ Nacionality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordination made by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The bearer of this registration form has ben assignated to work as volunteer in the Project Tortugas de Pacuare under the following conditions:

Admission date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Departure date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of days:\_\_\_\_\_\_\_

Vision problems No/Yes Hearing problems No/Yes Medications No/Yes

Alergic reaccition Yes/No diseasemigraine No/Yes Gasttric No/Yes asthma No/Ye

The fee for the stay in the project ($22) should be made by paypal or cash by paypal should be 7 % more over the total of the fee

Date when the deposit was made:\_\_\_\_\_\_\_\_\_\_\_\_ Transaction amount: \_\_\_\_

Deposit N#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_