

**PARTICIPATION FORM**

Child’s Full Name

Date of Birth

Country

School of Attendance

I report that my child wishes to participate in the educational workshop “Theseus and Athena”. Please, check the date(s) of preference:

**Monday 06/25 to Friday 06/29, Week 1**

**Monday 07/02 to Friday 07/06, Week 2**

**Monday 09/07 to Friday 13/07, Week 3**

**Week 1, 2, & 3**

CONTACT INFORMATION

Parent’s/Guardian’s Full Name

Phone/Mobile Number

Date

Signature and/or Full Name