



YEAR:
SEASON:
FUN PARK:

REGISTRATION FORM FÉRIAS NO FEIJÃO

Download the file, fill it directly in the form and send it to: ferias@feijao-verde.com

INFORMATION PARTICIPANT	NAME: <input type="text"/> DATE OF BIRTH: <input type="text"/> - <input type="text"/> - <input type="text"/> AGE: <input type="text"/> NIF: <input type="text"/> CC OR PASSPORT Nº: <input type="text"/> VALIDITY: <input type="text"/> - <input type="text"/> - <input type="text"/> ADDRESS: <input type="text"/> POST CODE: <input type="text"/> - <input type="text"/> CITY: <input type="text"/>
USEFUL INFORMATION	DO YOU HAVE ANY HEALTH / FOOD / ADDICTION / FEAR PROBLEMS? YES: <input type="checkbox"/> NO: <input type="checkbox"/> IF SO, WHICH ONE? (OR WHICH ONES?): <input type="text"/> IS THERE ANY FOOD YOU DON'T LIKE OR CAN'T EAT? YES: <input type="checkbox"/> NO: <input type="checkbox"/> IF SO, WHICH ONE? (OR WHICH ONES?): <input type="text"/> RECOMMENDATIONS: <input type="text"/>
PARENT/GUARDIAN INFORMATION	NAME 1: <input type="text"/> NOME 2: <input type="text"/> TELEPHONE: <input type="text"/> TELEPHONE: <input type="text"/> EMAIL: <input type="text"/> EMAIL: <input type="text"/> RELATIONSHIP DEGREE: <input type="text"/> RELATIONSHIP DEGREE: <input type="text"/>
DATA FOR BILLING	NAME: <input type="text"/> ADDRESS: <input type="text"/> CITY: <input type="text"/> POST CODE: <input type="text"/> - <input type="text"/> NIF: <input type="text"/>
CHOOSE PACK	36€ ONE DAY ENTRY 9H00 - 18H00 <input type="checkbox"/> 9H00 - 18H00 <input type="checkbox"/> 18€ HALF-DAY ENTRY 9H00 - 13H00 OR 14H00 - 18H00 <input type="checkbox"/> 9H00 - 13H00 <input type="checkbox"/> 14H00 - 18H00 <input type="checkbox"/> <small>* In the days of activities with the swimming pool the value increases 3€. Valid only for Feijão Verde Natura Afragide.</small>
EXTENSION ONE DAY ENTRY	10€ + 2 HOUR EXTENSION + 2HOURS (8H00 - 19H00) <input type="checkbox"/>
CHOOSE WEEKS (6/12 - 9/11)	WEEK 1 (12/07 - 16/07): <input type="checkbox"/> WEEK 2 (19/07 - 23/07): <input type="checkbox"/> WEEK 3 (26/07 - 30/07): <input type="checkbox"/> WEEK 4 (2/08 - 6/08): <input type="checkbox"/> WEEK 5 (9/08 - 13/08): <input type="checkbox"/> WEEK 6 (16/08 - 20/08): <input type="checkbox"/> WEEK 7 (23/08 - 27/08): <input type="checkbox"/> WEEK 8 (30/08 - 3/09): <input type="checkbox"/> WEEK 9 (6/09 - 10/09): <input type="checkbox"/> OR DAYS (DD/MM): <input type="text"/>

10% DISCOUNT ON 2ND CHILD | 10% DISCOUNT WHEN BOOKING 5 OR MORE DAYS | 20% DISCOUNT WHEN BOOKING 10 DAYS OR MORE DAYS

I declare that I authorize the child(above) to participate in Férias no Feijão. The information on this application form is true and contains no omissions.

PARENT/GUARDIAN SIGNATURE:

If you fill it out digitally, the form will be signed at the counter