

Ufficio di polizia Locale del Comune di Lecce Nei Marsi

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SCOUT CAMP REQUEST FORM

NAME _____ / **SURNAME** _____

PLACE OF BIRTH _____ **DATE OF BIRTH** _____

ADDRESS _____

EMAIL _____

CONTACT'S PHONE NUMBER _____

PLACE TO CAMP DESIRED _____

NUMBER OF SCOUTS _____

ARRIVAL DATE _____

DEPARTURE DATE _____

Please submit this completed form by email.

DATE

SIGNATURE