

DECLARATION FORM



Welcome to Hamazkayin **ArtLinks** 2017

We look forward to your participation!

Please complete this form and bring it with you

I the undersigned, will advise Hamazkayin of any known allergies or health issues that may require me to seek medical attention during Hamazkayin **ArtLinks** 2017 in California.

(Please inform Hamazkayin and list all attention requiring health issues by emailing to artlinks@hamazkayin.com with the subject title "Your name – Medical")

I am responsible for my transportation and payment in full of the participation fee in the amount of \$100 USD

Name: _____

Signature: _____

Emergency contact person Name : _____

Relation : _____ Phone: _____

Hamazkayin Regional Executives of Eastern USA, Western USA and Canada

Համագգայինի ԱՄՆի Արևելեան, Արևմտեան եւ Գանատայի Շրջանային Վարչութիւններ