

**Registration Form**

**(one per family)**

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_

Name: *please fill out the table below*

Address in the Netherlands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Arrival in the Netherlands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Stay in the Netherlands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list below your family members:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth** | **Nationality** |
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