

REGISTRATION FORM

Permaculture Design Course

With the Permacultive Association and instructor Rico Zook & Jade Journeaux

From Saturday, August 1st to Sunday, August 16th, 2020
Mercantour National Park - Alpes Maritimes (France)

Last Name :

First name :

Mailing address :

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Email :

Phone number :

I declare that I have read the PDC program, the accommodation information (bring your own tent) and I wish to participate in the entire course that will take place at "Les Moustaches" in Lamentargue, from August 1st to August 16th, 2020.

Price (meals and accommodation included for 16 days): 750 €

- Please include a 225 € + 5 € down payment on Hello Asso.
- Please fill in the Permacultive Membership Form and attach it to your down payment
- Please include a separate 10 € check for the mandatory membership to the Les Moustaches Association (payable to Association Les Moustaches)
- Please attach the image rights form (photos and videos may be used and posted on the internet)

Your registration will only be confirmed after we receive your down payment and membership fee. The organizers reserve the right to cancel the course if the minimum participation is not reached. Your membership will allow us to ensure you'll be covered by the insurance of the organizing associations.

I'll pay the 525 € balance when the course is confirmed.

Date :

Signature :

Please send this registration form, the requested documents, and the completed information sheet by email or to the following address :

Association Permacultive

C/o Journeaux Jade - 23 boulevard de Mignan - 06200 Nice - France

Please let us know by email (contact@permacultive.org) if you have sent your documents by post.
We will confirm the receipt of your application.

INFORMATION SHEET

This information is for internal use only

The PDC program will take place at a remote site, several kilometers from the nearest village (Tende, about 50 minutes by car). Therefore it is important to get prepared and make sure risk will be minimised throughout the course. Please answer the following questions :

Last Name :	First Name :
Mailing address :	
.....	
Email :	Phone number :
Emergency contact person (Last Name, First Name, Phone number) :	
.....	

▶ Do you have any allergies, or specific health conditions ? If so, please specify :
.....
.....

There is a strong honeybee population at the location (there are hives), possibly snakes (vipers, grass-snakes) and ticks. It is recommended that you keep your vaccinations up to date.

▶ Do you have special diet requirements that we need to consider in our menus (vegetarian, vegan, other) ?
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▶ Have you ever attended a training or introduction course to permaculture or do you have any experience in this field (wwoofing, etc.) ?
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▶ Do you have a specific project that you would like us to be aware of ?
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▶ Is there any other information you would like to share with the organizing team ?
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Permaculture

Diffuser la permaculture dans les Alpes-Maritimes

Membership Form - 2020

Your membership will help to support the Permaculture Association, which aims to disseminate, enhance, convey and teach the ethics, principles and methods of permaculture in the Alpes-Maritimes.

Last Name : _____

First name : _____

Date of birth : _____

Mailing Address: _____

Zip code : _____ City : _____

Email : _____

Phone number : _____

Membership fee is 5 euros. It is valid from the membership date to January the 31 of 2020.

- I declare that I have read the association's purpose and bylaws
- I have paid my 5 euro annual membership fee by check - cash (circle the right answer)
- I would like to make an additional donation of€ to Permaculture to support its initiatives.
- Please keep me informed of Permaculture's initiatives by email.

The information collected for memberships and donation is required for administrative purposes. It will be logged on computer and is intended for the organization's office use.

In accordance with the French Data Protection and Freedom of Information Law (*Loi Informatique et Liberté*) of January 6, 1978, modified in 2004, you enjoy right of access, rectification or objection to the collected nominative data concerning you. If you would like to exercise this right and obtain access to information that concerns you, please

write to contact@permaculture.org

Location : _____

Date : _____

Signature of the President of the association or his representative :

Signature of member :

Image Rights Permission

Subject : permission for filming and image publication

I, the undersigned :

Authorize, free of charge, the Permacultive Association :

- to film or take photos during the Permaculture Design Course from August 1 to August 16, 2019
- to video edit, reproduce and broadcast these images during non-profit screenings
- to publish these images on the web and via social networks
- to burn them to DVD

I have been informed that the intended uses won't undermine my privacy or aim to harm me or encourage prejudice against me.

I acknowledge that this information has been brought to my attention in accordance with legislation concerning to image rights and a respect of privacy.

Location :

Date :

Last Name :

First Name :

Signature :