



DANILA KUMAR
ELEMENTARY SCHOOL
GODEŽEVA 11
1113 LJUBLJANA
SLOVENIA

JUVENTUS ACADEMY FOOTBALL SCHOOL FOR CHILDREN

APPLICATION FORM

.....
(name and surname)

Date of birth:

Outfit size (height):

Address:

School:

Parent (or guardian) contact details:

Telephone number:

E-mail address:

I confirm that I am aware of the conditions for the application.

Date:

Parent signature:

Send the application form to : OŠ Danile Kumar, mednarodni oddelek, Godeževa 11, 1131 Ljubljana
or to ja.osljdk@guest.arnes.si