

Registration form MOTHER'S NAME AND SURNAME: MOTHER'S PHONE: ___ FATHER'S NAME AND SURNAME: _____ FATHER'S PHONE: KID'S NAME AND SURNAME: KID'S AGE: HAS HE OR SHE PARTECIPATED IN ANY PREVIOUS EDITION OF BBS FUN CODING KIDS BOOTCAMP YES □ NO □ SIZE: _ ANY FOOD INTOLERANCE: ___ NOTE: ___