



I, _____, with ID _____ as father/ mother/
legal guardian of _____, with ID _____
AUTHORIZE my son/daughter, under responsibility of
_____ with ID _____ to attend:

RESUCAMP 2015, wich is held during 15, 16, 17, 18, 19 & 20th July of
this current year at Campo de Lavandeiras located at:

Avd/ Ramón Canosa s/n 27850 Viveiro-Lugo.

Thereby I indicate that I have been informed that underage drinking or
ilegal substances use is completely forbidden inside the Resucamp
venue.

Full name and signature of father/mother or legal guardian:

*Copy for the box office.



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Full name and signature of father/mother or legal guardian:

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