



July 25-26-27, 2007
Boise, Idaho

Teaching About Basques Workshop

GAZTEALDE *On behalf/support of Youth*

2007 APPLICATION FORM

Print this and mail to:
John M. Yursa
NABO Facilitator
15850 Old Hickory Lane
Chino Hills, CA 91709

Agreement: As an adult (or guardian for a minor) this returned agreement recognizes that the applicant is well aware of the expectations. Unlike Udaleku (for kids ages 10-15) where participants are closely monitored, Gaztealde is not in the surveillance mode—participants are expected to be responsible for their own behavior.

Instructions: 1) print this form & mail in along with 2) \$45 check made payable to NABO for the workshop fee, 3) a second check to NABO if you opt to stay at the Boise State dormitory and 4) return to us by July 1, 2007.

Parent' signature: _____
(For applicant's younger than 18)

Participant's Signature: _____

Name: _____

Address: _____

Phone Number: (_____) _____

Email Address: _____

Date of Birth: _____

NABO Club you are affiliated with: _____

Why are you interested in participating in Gaztealde?

Do you have any prior experience teaching (not needed to apply) something about a Basque related topic?

Is there someone from your Basque community that we could use as a reference for you?

LODGING OPTION I: Boise State University "Towers" Dormitory (2303 Campus Ln. @ Capitol Blvd.). Limited number of rooms so it will be first-come/first served by application submission. Minors staying in the dorm will have to be chaperoned while there

Nights requested (circle): T: 7/24 W: 7/25 Th: 7/26 F: 7/27 Sa: 7/28 Su: 7/29

_____ Number nights requested X \$20.50 (single room for one) = _____
\$30.00 (shared room for two) (Check payable to NABO)

LODGING OPTION II: Stay with friends or local hotels. Contact them to make your own arrangements and payment. Nearby options include:

- Hampton Inn & Suites: 1-800 HAMPTON; \$99 Boise State rate; 495 S. Capitol Blvd.; Full breakfast included; airport shuttle
- The Grove Hotel: 1-888 961-5000; Approx. \$120; 245 S. Capitol Blvd.; shuttle
- Hotel 43: (208) 342-4622; Approx. \$110; 981 Grove. St.; airport shuttle

2007 Gaztealde Medical Release Form

What is your medical insurance? _____

Provider Number: _____

Date of last physical examination: _____

Date of last Tetanus Toxoid injection: _____

Are you allergic to any known medicines? _____

For Minors under age 18: If your son/daughter is below the legal age of consent (18) the law requires that we have your permission to give initial medical service should the need arise. I authorize medical examination and treatment as may be deemed advisable by the physician in attendance. For minor illnesses or injuries, N.A.B.O., your child, or adult chaperone will attempt to contact me before my son/daughter leaves the medical office. For major illnesses or injuries, N.A.B.O. Music Camp officials will attempt to contact me before institution of treatment, unless such treatment is so urgent it must be done before contact can be made. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate. I also agree to assume any financial responsibility for his/her care.

Parent's signature: _____ Date: _____

Printed Name(s): _____

Parent's home phone: _____ work/cell phone: _____

In case of emergency, person to contact if parent/guardian cannot be reached:

Person / Relationship: _____

Student's physician: _____ Phone: _____

It is hereby agreed that NABO or Gaztealde officials shall not be responsible for any injuries which might occur to the applicants at any time or at any place. This consent shall be in effect from July 25-27, 2007.

PLEASE RETURN THIS FORM, WITH A \$45 CHECK (or more if you are staying in the dorms) MADE OUT TO NABO and mail to:
NABO Facilitator
John M. Ysursa
15850 Old Hickory Lane
Chino Hills, CA 91709