

Save Our Seas Foundation - D'Arros Experience 2026

"Save YOUR Seas" Competition

Application Form

First Name:	Last Name:	
Age:	Date of Birth (dd/mm/yyyy)://	
Address:		
Email:		
Phone:		
School:	School Year:	
School Contact:		
Email:		
Signature of Applicar	nt:	
Mother or Father (o	r legal guardian):	
First Name:		
Last Name:		
Address:		
Phone:		
		

Declaration of Consent

By parent's (or legal guardian)

I,(print	name), being the parent or legal
guardian of the applicant named above, hereby affirm that h	ne/she may participate in the
SOSF D'Arros Experience and should this application be su	uccessful, I will sign the required
liability waivers and documents. I also acknowledge and ac	,
and the judging procedure. In case the application is success	
documents or information regarding the applicant that may	, ,
D'Arros Experience and accept that withdrawal from the Ex	perience has to occur at latest
one month prior to the camp dates that are communicated.	
Signature:	
Place:	
1 1000.	••
Date (dd/mm/yyyy)://	

Please send completed entries (Application form + Submission) to: competition@saveourseas.com or use the QR code provided below

Deadline for competition: Friday 26th September 2025 (23:59 GMT+4)

If you have any queries relating to the competition or the program, or if you are unable to submit your entry digitally then please contact SOSF Educational Coordinator Sheril De Comarmond at competion@saveourseas.com or via phone +248 2785287

Entries with application forms can also be submitted in person to Ms Sheril De Comarmond by prior arrangement. Address SOSF-ISS office: Eden Island, Waterfront Building, 2nd floor, Room 203 (Office hours: 0800-1700)

If you wish to apply digitally, please use QR Code to access the online registration form and submit your entries.

