Parent / Guardian .....
(name, surname in capital letters, phone number)

To the Chairman

of the Student Association of the Faculty of Informatics
of Kaunas University of Technology

REQUEST
FOR PARTICIPATION AT THE BETA LAN'25

.....
(date of submission)

Please allow ……..... on .....
(name, surname in capital letters) *(days of participation in numbers)*

to participate in Beta LAN'25, organized by the student association, on October 24th - 26th, 2025.

As a parent/guardian I take full responsibility for their actions and understand the rules, and guidelines of the event.

I consent to the processing of the personal data that I have provided above and agree with the data protection regulations.

…… …….
(Signature) *(Name and surname)*