



APPLICATION FORM

Youth exchange "Ask, Check, Question – Think Twice!"

Dates: 22 - 27. 10. 2017

Location: Pliskovica, Karst region, Slovenia

Participants details:	
	Family names
First name:	Family name:
Gender: female male	Date of birth:
<u>ID Nr.*:</u>	Country:
Address:	
<u>Telefon:</u>	Email:
* Please write the number of the ID you are travelling with.	
Special needs:	
Food requirements (vegetarian, vegan, special diets etc.) - Otherwise leave blank	
Medical condition (important for outdoor activities)	
Any other special needs - Otherwise leave blank	





What is your experience with international projects?

What is your experience with international projects?	
Describe your motivation. Why would you like to participate?	
What would you like to offer to other participants?	
Your English skills: Fluent Good Satisfactory Poor	
Write any important comments or questions you have here:	