**APPLICATION FORM FOR EUROPEAN YOUTH EXCHANGE**

**The Buddy's Body**

 31th August-9 september 2015

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| --- | --- |
| **Name/surname** |  |
| **Date of birth** |  | **Nationality** |  |
| **Personal address** |  | Postal Code: |
| City: | Country: |
| **e-mail** |  | **Phone number** |  |
| **Sex** |  |
| **Languages** |  |
| **Emergency Contact** | Name: | Phone: |

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| **Motivation** |
|  |
| **Participation on similar courses** |
|  |
| **Volunteering experience** |
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