Date de naissance/Birthdate…………………………………….**Contact d’urgence/Emergency contact**

Lieu de naissance/Place of birth………..…..………………….…………………………………………..

Nationalité/Nationality…………………………………………………………………………………………..

Études en cours/Occupation…………………………………...**Régime spécial santé/alimentation**

**Langues/LanguagesRemarks on health/special needs**

Couramment/Speak well…………………………….,……………………………………………………………………………………………….

Bien/Speak some…………………………….. …………………………………………………………………………………………………………..

Base/Basic………………………………………………….. ….…………………..………………………………………………………………………..

**Youth Exchange – “Disposable Things”**

**Registration form**

**27 august to 09 september, Marche-en-Famenne**

**To fill**

Why do you wish to take part in this project ?

……………………………………………………………………………………..……………………………………………………………………………………………………..

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Past experiences (volunteering, youth movement, group holidays…):

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……………………………………………………………………………………..……………………………………………………………………………………

**Association des Compagnons Bâtisseurs asbl**

**9, Place du Roi Albert**

6900 Marche-en-Famenne Belgique

**Phone. +32 (0) 84 31 44 13**

**Web :**

To be sent to incoming@compagnonsbatisseurs.be

YOU HAVE TO READ CARREFULLY AND TO APPROVE, BY SIGNING IT. YOUR REGISTRATION FORM IS CONSIDERED AS COMPLETE ONLY IF WE RECEIVE THIS PAGE SIGNED ACCOMPANIED BY YOUR HEALTH RECORD FORM.

**Date :**

**Signature :**

**Signature des parents pour les moins de 18 ans/**

**Parents’s or legal tutor signature if you’re below 18 yo :**

Nom /Surname……………………………….…………………………………………….. M/Male F/Female

Prénom /First name…………………………………………………………...Age……………………….

Adresse de contact/contact address……………………………..………..Tél………………….……

………………………………………………………………………………………………GSM…………………………

Adresse email/ Email……………………………………………….….………ID or passport number :……….