*PARTICIPANT INFORMATION FORM*

*Youth Exchange :*

**We ART Europe**

Send the document (in word version, **no PDF please**) to tambourbattant@hotmail.com

|  |  |
| --- | --- |
| First Name : |  |
| SURNAME NAME= FAMILY NAME = LAST NAME (IN CAPITAL LETTERS): |  |
| DATE OF BIRTH:DD/Months in full letters/YYYY |  |
| Gender: M or F?  |  |
| Cell Phone Number (with country code) |  |
| E-MAIL: |  |
| COUNTRY: |  |
| FULL POSTAL ADRESS (street, number, postal code = zip code, city): |  |
| Facebook link (no name please but rather the link/address of your FB account) |  |
| Are you the leader of the group?  |  |
| Food/health: any special diet or allergies?  |  |