*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? |  | |