



PARTICIPANT FORM

Youth exchange
20-25 October 2015. Palermo, Italy

PARTICIPANT

Name and surname:

Sex:

Address:

E-mail:

Phone:

Date and place of birth (dd/mm/yyyy):

Special needs (allergies, food, medical support etc.):

EMERGENCY CONTACT PERSON

Name:

Relation to the participant (parent, sibling etc.):

Address:

E-mail:

Phone:





Please briefly answer to these questions

What is your motivation for taking part in this youth exchange?

What do you expect to learn or to achieve through the YE? What would be, in your vision, the most important outcomes of your participation in this exchange?