**APPLICATION FORM**

***SHOW ME THE BORDERS***

***AND I WILL SHOW YOU HOW TO CROSS THEM***

**22-29 August 2015, Berlin Germany**

Please, fill in and send back until July 12th, 2015  
to email: **terminal@pina.si**

**NAME:**

**SURNAME:**

**SEX:**

**ADDRESS:**

**DATE OF BIRTH:**

**CONTACT PHONE:**

**CONTACT E-MAIL:**

**EMERGENCY CONTACT (Name and Surname, Phone, Relationship):**

**SPECIAL REQUIREMENTS (Allergies, Food Requirements):**

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| --- |
| **Introduce yourself in 10 words:** |

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| **Why did you decided to take part in this training course?** |

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| --- |
| **EXPERIENCES AND SKILLS** (please list what you can contribute to the training course, what kind of experiences you have) |

|  |
| --- |
| **EXPECTATIONS** (please describe what you expect to gain, learn, see … during the training course): |