**APPLICATION FORM**

**PUTREN LE JAKHA: OPEN YOUR EYES**

**October 10-16, 2016. Ostrava, Czech Republic**

Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | SURNAME |  |
| Organization, if any |  | Date of Birth |  |
| Address |  | | |
| Telephone |  | Email |  |
| Passport/ID Nº |  | Nationality |  |
| Gender |  |  |  |
| Diet requirements |  | Medical issues |  |

What are your motivations for taking part in this project? What kind of previous experiences do you have related to the topic?

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| --- |
|  |

Send this form to michaela.turonova@dchoo.charita.cz