**“Sport Unites, Racism Divides”**

4th September – 14th September 2017

Taevaskoja, Estonia

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| **CONTACT DETAILS** | |
| **NAME** *(first name, surname)* |  |
| **NATIONALITY** |  |
| **SEX** *(male/female)* |  |
| **DATE AND PLACE OF BIRTH** |  |
| **ADDRESS** |  |
| **COUNRTY** |  |
| **PHONE NUMBER** |  |
| **E-MAIL ADDRESS** |  |
| **FACEBOOK USER NAME** |  |
| **ID OR PASSPORT NUMBER** |  |

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| **EMERGENCY CONTACT DETAILS** | |
| **NAME** *(first name, family name)* |  |
| **PHONE NUMBER, E-MAIL ADDRESS** |  |
| **SPOKEN LANGUAGES** |  |

|  |  |
| --- | --- |
| **SPECIAL NEEDS** | |
| **DIET** | I eat almost everything  I do not eat PORK  I’m a vegetarian - I do not eat MEAT , but I eat cheese and eggs  I’m vegan - I do not eat MEAT ,NOR eggs and cheese  I’m allergic to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please, specify) |
| **OTHERS (allergies, medicines, reduces mobility etc)** |  |

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| **MOTIVATSION** | |
| **WHY DO YOU WANT TO PARTICIPATE IN THIS PROJECT?** |  |
| **DO YOU HAVE PREVIOUS INTERNATIONAL EXPERIENCES SIMILAR TO THIS PROJECT? DESCRIBE BRIEFLY.** |  |
| **DESCRIBE A PERSON WHO IS YOUR BIGGEST INSPIRATION.** |  |
| **WHAT MAKES YOU AN IDEAL PARTICIPANT FOR THIS PROJECT?** |  |
| **WHAT LANGUAGES DO YOU SPEAK FREELY?** |  |

**Please, remember that:**

* Providing the above information about special needs does not remove your own personal responsibility for ensuring your own safety.
* To send us a copy of your tickets and invoices when you booked them

**Declaration:**  
I agree that my personal data given in this application form may be made available to other participants (once admitted to the Activity).

Yes  No

I agree that the photos and images (taken during the activity) where I appear can be used by NEA MTÜ and its partners in publications, websites, and projects to promote Erasmus+ Programme addressed to general public.

Yes  No

Place: Date: Signature:

If you have any questions about the project please feel free to contact the project coordinator and/or project manager.

**PROJECT COORDINATOR:**

**Egert Mitt**

**Noorte Ettevõtlikkuse Arendamise Ühing/Youth Entrepreneurship Development Association**

**Address: Kuldse-Kodu 5-378 Pärnu 80035 Estonia**

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**PROJECT MANAGER:**

**Anni Tetsmann**

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