



**WINPEACE- CYPRUS, GREECE, AND TURKEY**

**ANNUAL CAMP FOR A CULTURE OF PEACE AND NON VIOLENCE**

**HRAKLEION CRETE 22 JULY – 29 JULY 2017**

**APPLICATION FORM FOR PARTICIPANTS**

**Please return the application form by JUNE 15, 2017 to** [**mariat@ucy.ac.cy**](mailto:mariat@ucy.ac.cy)

Your Email: ………………………………………………………………………………..

|  |  |
| --- | --- |
| **Personal Information** | |
| Family and first names |  |
| Home Address (Including Zip Code ) |  |
| Telephone Number of Participant:  Parents: | Home: Mobile:  Parents’Mobile: |
| E-mail |  |
| Nationality |  |
| Date and Place of Birth |  |
| You are : | ❑ Male ❑ Female |
| School you atten  d |  |
| Please state any medical or physical problems you have and any medication you need |  |
| Special Dietary Needs: |  |
| Contact person in case of emergency | Name: Tel: |

*Please note:* The declaration below will provide the organizers with further info about the applicants.

|  |  |
| --- | --- |
| **Activities / Personal Interests** | |
| Your level of English: | Poor  Medium  Good  Fluent  Good in Listening/Reading, but hesitant in Speaking |
| Why do you want to participate in the Youth Peace education Camp? (max. 300 words) |  |
| **Parents’ or Guardians Signature** | *As parent / guardian of the above applicant, I have read and agree to the purpose of the Youth Peace education Camp and I consent to my child participating in the activities (during and after the camp) mentioned therein.* |
| **Signature of the Applicant:** |  |
| **Date and Place:** |  |