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| **REGISTRATION FORM** | | |
| **Healthylifestyle - Youth Exchange 2**  **Healthy Food & Diets** | | |
| **PERSONAL INFORMATION** | | |
| First name: |  | |
| Surname: |  | |
| Name you want to be called in the event: |  | |
| Gender: |  | |
| Address, zip code, city, country: |  | |
| Nationality: |  | |
| E-mail address: |  | |
| Place and date of birth: |  | |
| Telephone number, preferably mobile: |  | |
| Level of English: (basic, good, excellent) |  | |
| Study or Occupation (are you hired or not?) |  | |
| Diet / Allergies / Special Needs: |  | |
| Contact person in case of emergency  Full name:  Address:  Phone numbers:  Relationship to you: |  | |
| Other remarks or questions: |  | |
| **FOCUS QUESTIONS** | | |
| What is your motivation to join in #healthylifestyle? | |  |
| How do you expect to improve by participating in this event? | |  |
| What organization (s) are you connected with? | |  |
| What is your outdoor experience until now? | |  |
| What is your international experience until now? | |  |
| What is your relation to healthy living? | |  |
| Are you committing to do a follow-up campaign for a healthier life? | | Yes/No |