***APPLICATION FORM***

To be submitted to relevant sending organization by e-mail before **12th of July 12:00 A.M. 2016**.

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| NAME: |  |
| FAMILY NAME: |  |
| DATE OF BIRTH: |  |
| PLACE OF BIRTH: |  |
| PHONE: |  |
| E-MAIL: |  |
| FACEBOOK LINK: |  |
| COUNTRY: |  |
| CITY: |  |
| ADRESS: |  |
| What is your motivation to attend this youth exchange? | |
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| What previous Erasmus+, Youth in Action or any other international youth activities have you attended? Please describe your experience. | |
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| Would you be willing to attend APV meeting and to be a leader of Lithuanian team? APV will take place in the same venue 4-6 of September. No participation fee for team leaders | |
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| Do you have any special needs, diets? | |
|  | |

Submit your application by **12th of July 12:00 A.M. 2016** to [eurohugs@gmail.com](mailto:eurohugs@gmail.com) Name of the document must be your name.