

HELIKE PROJECT APPLICATION for 2019

Name: _____

Gender: _____ Age: _____

Citizenship: _____ Passport No. _____

Home address: _____

Tel: _____ Fax: _____ email: _____

Occupation/major: _____

School (if student): _____

I am applying for _____ weeks, beginning on Monday:
(circle one) July 22 August 05 August 19

____ Standard (2 persons per room)

____ Individual room

On the back of this page, or a separate sheet, please provide a brief statement on why you wish to participate in this Project.

I have read the policies and requirements of the Helike Project, and agree to their terms.

(signed)

(dated)