**RCE Dobong-gu ESD youth project 「Neuru」 application form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participation area** | | □ age 10-12 □ age 13-16 □ age 17-19  (Please fill out the application form for each age.) | | | | | | |
| **Name of school**  **(or organization)** | |  | | | | **Number of members** | The person in charge: x  Participating students: xx  Total: xx | |
| **Name of the person in charge** | | Title (Mr/Mrs/Miss/Ms/Dr)  Last (family) name:  First(given) name: | | | | **Affiliation** |  | |
| **Contact Number** |  | |
| **E-mail** |  | |
| **List of participation** | | | | | | | | |
| **No.** | **Name of participation** | | **Gender**  **(M/F)** | **Date of Birth**  **(mm/dd/yyyy)** | **Name of school / Grade**  **(Organization / Course)** | | | **Contact** |
| **1** | Last name: xxxx  First name: xxxx | | M | Jan/27/2010 | xxx elementary school / 5 grade | | | (E-mail) xxxx@xxxx.xx.xx |
| Nick name: xxxx | | (SNS) xxxx@xxxx.xx.xx |
| **2** | Last name:  First name: | |  |  |  | | |  |
| Nick name: | |  |
| **3** | Last name:  First name: | |  |  |  | | |  |
| Nick name: | |  |
| **4** | Last name:  First name: | |  |  |  | | |  |
| Nick name: | |  |
| **5** | Last name:  First name: | |  |  |  | | |  |
| Nick name: | |  |
| **6** | Last name:  First name: | |  |  |  | | |  |
| Nick name: | |  |

**As above, we would like to apply for participation in the RCE Dobong-gu Youth Project Neuru.**

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| Date of Application |  |
| Youth representative |  |
| (sign here or type your name to sign) |
| The person in charge |  |
|  | (sign here or type your name to sign) |

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