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

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| **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: xParticipating 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: xxxxFirst 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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