

## Application form for the International Youth Camp "Crossing Borders"

I hereby apply to participate in the International Youth Camp organised by the Ahrensböök Memorial and the Parish of Ostholstein from 1st until 10th October 2021.

Name:

Address:

Email:

Telephone:

Nationality:

Date of birth:

Gender:    male             female             non-binary

Which language(s) do you speak?

Do you have any previous experience with youth camps or similar?

Why do you want to participate in this youth camp?

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Place, date, signature of applicant

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Place, date, signature of the parent or legal guardian (for minors)

sponsored by: