



TWINNING PROJECT

Lisbon - Sgezed

APPLICATION FORM

Lisbon: March 27 - April, 2009 | Sgezed: April 17-22, 2009

Please fill out all fields clearly and legibly

A. PERSONAL DATA

NAME: _____ GENDER: M F

AEFML MEMBER NO.: _____ SCHOOL YEAR: _____ AVAILABLE CAR: Y N

OFFICIAL RESIDENCE DURING SCHOOL TERM:

Lisbon Amadora / Odivelas Oeiras / Cascais Sintra Loures V. F. de Xira / Azambuja

Other: _____ (tick if you cannot receive a student of the opposite sex)

B. CONTACTS

EMAIL ADDRESS: _____@_____

MOBILE PHONE NO.: _____ ALTERNATIVE PHONE NO.: _____

C. WAIVER OF LIABILITY

I hereby declare I have read, understand and agree to the following terms and conditions:

1. your application is not complete until we receive a €95.00 registration deposit, and identity card scan in .JPG file extension at carolinaapires@gmail.com; you will be listed as a substitute student after all available places are taken;
2. the application is subject to cancellation and refund of registration deposit by the organizing committee during the period of evaluation of minimum required oral skills in English; cancelling the application after this date implies losing 30% of the registration deposit;
3. you assume all responsibility for, and risk resulting from, your participation, including all risk of property damage and injury to others and to yourself – travel and medical malpractice insurance are not included;
4. you are to provide food, transport, accommodation and overall support to your assigned student during the hosting week, as well as assure his/hers presence in all officially programmed activities; you are expected to pay a €30,00 fine, should you fail to do so;
5. in the event of cancellation and absence of an available substitute student, you are still to comply with point number four, or pay AEFML and additional €150.00.

SIGNATURE

_____, DECEMBER ____, 2008