



Model European Parliament

Baltic Sea Region

Personal Information:

Name: Male / Female: M | F
Surname: Passport / ID No:
Date of Birth:
Home Address:
Postal Code:
City: Country:

Contact Information:

Telephone: Mobile Telephone:
E-mail:

Health:

Medical:
Allergies:
Special Diets:
Other:

School Information:

School Name: Telephone:
Address:
Postal Code:
City:



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Parents Contact Information:

Name of Father:

Telephone at Home:

Telephone at Work:

Mobile Telephone:

Name of Mother:

Telephone at Home:

Telephone at Work:

Mobile Telephone:

Alternative Contact Information:

(if parents cannot be reached)

Name:

Mobile Telephone:

Telephone at Home:

Committee Information:

Please indicate your choice of committee after having consulted your teacher/coordinator.

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