

ใบสมัคร
ทุนค่ายแลกเปลี่ยนเยาวชนไลออน เดนมาร์ค 2016

| | |
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|  <p style="margin: 0;">LIONS CLUBS INTERNATIONAL Denmark YOUTH CAMP & EXCHANGE APPLICATION & INDEMNITY FORM</p>  | PHOTO |
|--|-------|

I. APPLICANT'S BASIC DATA

| | | | |
|--|--|--------------|--|
| Name (English): | | Name (Thai): | |
| Field of study: | | Faculty: | |
| Date of birth (dd/mm/yyyy): | | Age: | |
| | | Religion: | |
| Address: | | | |
| | | | |
| Mobile: | | E-mail: | |
| | | line ID : | |
| Have you previously participated in a Lions Youth Exchange Program? (X) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, where and when? | | | |
| Hobbies & Other interests: | | | |
| Applicant's Health, Medical and Dietary Data (Add and specify in the additional data as necessary) | | | |
| Do you smoke? | | Vegetarian? | |
| Medical/Religious/Other dietary requirements: | | | |
| Allergies, if yes, specify: | | | |

II. APPLICANT'S ADDITIONAL DATA (as applicable and available)

| | | | | | |
|---|--|-------|--------|------|--|
| Knowledge of English: Good | | Fair | | None | |
| Other languages spoken: | | | | | |
| Grade point average: (Please attach a certified copy of your grade point average sheet) | | | | | |
| Career objective: | | | | | |
| Additional Health, Medical and Dietary Data | | | | | |
| State of health, in general: | | | | | |
| Are you capable to participate in sport activities ? | | | | | |
| Physical handicaps if any: | | | | | |
| Special medication: | | | | | |
| Blood group: | | | | | |
| Any other points to be noticed: | | | | | |
| "Family Doctor", if you have one: | | Name: | | | |
| E-mail: | | | Phone: | | |

III. APPLICANT'S FAMILY DATA

| | | | |
|----------------------------|--|-------------|--|
| Father or Guardian's name: | | Occupation: | |
| Mother or Guardian's name: | | Occupation: | |
| Address: | | | |
| | | | |
| Phone: | | Mobile : | |

IV. With the affixed signature(s), I / we the applicant / parent(s) / guardian(s) certify that all the information given in this application form is true.

(1)

| | | | |
|-------------------------|--|-------|--|
| Signature | | Date: | |
| Applicant's name | | | |

(2)

| | | | |
|-----------------------------------|--|-------|--|
| Signature | | Date: | |
| Parent's / Guardian's name | | | |

V. University Representative's Signature

I hereby certify that is a student year....., in the Bachelor's Degree Program in (field of study), Faculty of

| | | | |
|-------------------------------|--|-------|--|
| Signature | | Date: | |
| Department Head's Name | | | |