



G.R.Y.B.B. INTERNATIONAL MEETING

Oulx 12-14 november 2003

APPLICATION FORM

School Name and Address

Full name of the school/organism in the national language

Street Name and Number

Zip Code and Town

Region

Country

Telephone and fax (national and international codes included)

Web site

E-mail

Type of school (Primary school; Secondary school : general, professional, technical; school for pupils who need a special education or other ...)

Number of pupils

Total

Girls

Boys

Participant

Surname and Name

Date of birth (day, month, year)

Nationality

Present position

Subjects taught

Street Name and Number (private address)

Zip Code and Town

Region Country

Telephone and fax (national and international codes included)

Web site

E-mail

Please state your language knowledge (in brackets your level of comprehension and speaking using a 1 to 5 range : "5" = good and "1" = poor).

Italian comprehension ()
speaking ()

French comprehension ()
speaking ()

English comprehension ()
speaking ()