

# Application form

In which course do you want to participate?

Spring 25 weeks:  Autumn 19 weeks:

Your first name: \_\_\_\_\_ Your Last name: \_\_\_\_\_

Your address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Male:  Female:

Birth date (dd mm yyyy): \_\_\_\_\_

Do you want to live in a single room:  Double room:  Not important:

Your parents name: \_\_\_\_\_

Your parents address: \_\_\_\_\_

Your parents telephone number: \_\_\_\_\_

Your School-background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your English-level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to study at Egå Ungdoms-Højskole: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you suffer from any deceases/illnesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When you have filled out this application form, please mail it to [info@euh.dk](mailto:info@euh.dk) and then send the same form with yours and yours parent's signatures together with the [Declaration of concent](#) a copy of your passport or international ID cart to: