

## **Applikation form**

**In which course do you want to participate?**

Spring 25 weeks

Autumn 19 weeks

One year 44 weeks (from august to june)

**Your first name:**

**Your Last name:**

**Your address:**

**Telephone number:**

**Mobile number:**

**E-mail:**

**Male or Female:**

**Birth date (date – month – year):**

**Do you want to live in a single room, double room or is it not important:**

**Name, Address and telephone number of your parents:**

**School-background:**

**English-level:**

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

**Do you suffer from any deceases?**

**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 a copy of your passport or international ID cart to:

Egå Ungdoms-højskole  
Eghøjvej 31  
8250 Egå  
Denmark  
Att.: Winnie