**Participant list for youth group exchange projects**

For projects funded through the **“weltwärts extracurricular exchange projects in the context of Agenda 2030”** programme.

Event (e.g. preparatory seminar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project partner organisation Germany: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic/title of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project partner organisation partner country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and dates (from/to): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forwarding agreement number and

approval period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **First name(s), surname,**  **address** | **Age** | **f/m/d** | **Email** | **Project role**  **(e.g. participant, presenter)** | **No. days present** | **Signature** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
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I hereby confirm that all of the above information is correct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Name and signature of person in charge of event)**

Forwarding agreement number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **First name(s), surname,**  **address** | **Age** | **f/m/d** | **Email** | **Project role**  **(e.g. participant, presenter)** | **No. days present** | **Signature** |
| 8. |  |  |  |  |  |  |  |
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| 20. |  |  |  |  |  |  |  |

I hereby confirm that all of the above information is correct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Name and signature of person in charge of event)**

Forwarding agreement number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **First name(s), surname,**  **address** | **Age** | **f/m/d** | **Email** | **Project role**  **(e.g. participant, speaker)** | **No. days present** | **Signature** |
| 21. |  |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |  |
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| 32. |  |  |  |  |  |  |  |
| 33. |  |  |  |  |  |  |  |

I hereby confirm that all of the above information is correct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Name and signature of person in charge of event)**