

To submit
from February 10
to March 15, 2014

Application for participation
in the First Open Youth European Delphic Games

Appendix 2
to Regulations on the First Open Youth
European Delphic Games

Country _____

Delegation of _____ pers., including:

I. Solo participants

№	Nomination	Last name, first name	Date of birth/age on May 7, 2014	Age group (according to the Program Requirements)	Program in rounds / duration (min., sec.)/ additional data	Passport/ birth certificate (date and place of issue)
Total number of solo participants - _____ pers.						

II. Groups

Nomination	Group name	Number of pers.	Age group (according to the Program Requirements)	Program in rounds/duration (min., sec.)
Group members:				
№	Last name, first name	Date of birth/age on May 7, 2014	Passport/birth certificate (date and place of issue)	
Total number of groups - _____ with total number of members _____ pers.				

III. Other delegation members (categories: head of the delegation, Chairman of the National Delphic Committee (Council) of the country, accompanists, heads of groups, accompanying persons).

№	Category	Last name, first name	Passport	Additional data (for the head of the delegation – place of work and position, for accompanists and heads of groups – nomination, for the conference participant – place of work, position, academic degree, academic title, for accompanying persons – last name, first name of a participant accompanied)
	To indicate the category			
Total number of other delegation members - _____ pers.				

Last name, first name of the one responsible for forming the delegation, place of work, position, contact telephone and fax numbers, e-mail _____