**Exchange Form**

First name: Family name:

Age:

Sex: male / female

E-Mail:

Phone:

Foreign languages:

Siblings: yes / no

Sparetime activities / hobbies:

Pets: yes / no

Food:

* Vegetarian: yes/ no
* Diat: yes / no

If yes. specifity:

Health:

* Do you have any significant medical history/treatment that host parents/school should know about?

If yes, specify:

* Are you allergic to animals?

 If yes, specify:

**Poznámka:** predmet mailu označiť nasledovne:

 priezvisko, meno, trieda, zložka (zbor, orchester, Hruštička, projekt, foto, film, moderátor, dokumentarista, scénka)

 - **napr.** Matusová Ingrid, 2C, zbor