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| --- | --- |
| **Remarks:**- Please fill in the yellow fields only or mark with an **X**- Fill in 1 form for 1 person- Send this application form to: international.relations@armyacademy.roarmyacademy.erasmus@gmail.com | I want to participate in the: |
| **BATTLE PHYSICAL, MENTAL AND SURVIVAL TRAINING** **Common Module****07 July – 18 July 2025\*****I will participate in Phase I** 🞎**I will participate in Phase II**🞎 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Arrival date in Sibiu | Arrival time in Sibiu (if possible) | By plane | By train | By car | By bus | Need local transport to the LFA location |
|  |  | 🞎 | 🞎 | 🞎 | 🞎 | Yes 🞎 | No 🞎 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Departure date from Sibiu | Departure time from Sibiu (if possible) | By plane | By train | By car | By bus | Need local transport from the LFA location |
|  |  | 🞎 | 🞎 | 🞎 | 🞎 | Yes 🞎 | No 🞎 |

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| --- | --- | --- | --- |
| Gender | Rank | Family name / Surname | First name / Given name |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | Nationality | Passport (ID) number\* | Passport validity until |
|  |  |  |  |

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| --- | --- | --- |
| Branch of Service (if available) | Sending institution | I want to participate as |
|  |  | Officer | N.C.O. | Cadet |
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| --- | --- |
| My phone number (if available) | My e-mail address |
|  |  |
| Postal address |
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| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot eat | **Additional remarks**(Need for special equipment, special travel arrangements ….) |
| No | Yes |  |  |
| 🞎 | 🞎 |

**\* Deadline for submitting the Registration form: 30th of May 2025**

**\*** Please enclose the photo of your Passport/ID on the next page of this registration form:

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| **Please integrate a copy of your passport / ID hereinafter:** |
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