NATO MOUNTAIN WARFARE CENTRE OF EXCELLENCE

**APPLICATION FORM**

EVENT: ……………………………………………………………………………………………………………. *MW SULC/ MW SOC/ Basic MW SULC*

TIME: ……………………………………………. and PLACE: ……………………………………………

*MW SULC*

* *28AUG-8SEP23 in Knin, CROATIA (Basic MW SULC);*
* *18SEP-29SEP23 in Szklarska Poręba, POLAND;*
* *6NOV-17NOV23 in Poljče, SLOVENIA.*

*MW SOC*

* *5JUN-16JUN23 in Poljče, SLOVENIA.*

|  |
| --- |
| **PERSONAL DATA** |
| **Gender** |  |
| **Rank, Name and Last Name** |  |
| **Nationality** |  |
| **Current position**  |  |
| **Unit, Unit Address***(Postcode, City, Street, Number)* |  |
| **E-mail Adress** |  |
| **Phone Number***(+State Code)* |  |
| **Date and Place of Birth** |  |
| **Personal ID***Document to cross the borde* |  |
| **ADMINISTRATIVE ISSUES** |
| **Arrival***(Date and Approx. Time)* |  |
| **Departure***(Date and Approx. Time)* |  |
| **Type of transportation***(Car\*, Bus, Train, Plane, other)* |  |
| *\*Type of a Car and Licence Plate Numer* |  |
| **Accommodation***(Place/ HOTEL Name)* |  |
| **Nutrituinal constraints** |  |
| **REMARKS:** |  |

QUASTIONS:

* **LTC Željko PAPAZOVIĆ**, HRV(A), E&T Branch, E-mail: zeljko.papazovic@mwcoe.org,
Cell: +386 30 211 071;
* **CPT Adrian CUDALBU,** ROU(A), E&T Branch, E-mail: adrian.cudalbu@mwcoe.org,
Cell: +386 51208840;

**Date and Signature by Authorized Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**