

APPLICATION FORM
for Peacenet Project

DATE OF APPLICATION _____

Name of school or organization	
Name of the class	
Person in charge	Mr./Mrs. <div style="text-align: right;">Signature _____</div>
Address	
E-mail	
Tel (Cellular phone is better)	() - () -

Date and Time	Date : Time (local time) _____ : _____ ~ _____ : _____
Number of the participants	
Grade/ Year (if applicable)	
Remarks	