# European Summer Program at EUROPA PARK

THEME PARK & RESORT

## Personal Data

Sex (●) Male ( ) Female ( ) Divers

Name: _____

First name: _____

Date of birth: _____

Starting date: ( ) April - November ( ) July - November

(●) mid - August - November

Different starting date: _____

## Contact Data

E-Mail: _____

Phone: _____

Address: _____

ZIP Code: _____

State: _____

_____

## Educational development

| Type of School | Where | from | up to | Graduation | Degree |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## Vocational Training

| Profession | Company | from | up to | Main Task |
|---|---|---|---|---|
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## Motivation

Please note that **a minimum of 2 months is required** to participate in the program.
Send this filled in form to esp@europapark.de in order to apply. Use this e-mail address also to contact us for any further questions related to our European Summer Program.