

**STUDENT DETAILS:**

Family Name: \_\_\_\_\_ First name: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_ Post Code \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home tel number: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Place and Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

**PARENT DETAILS FOR STUDENTS UNDER 18**

**Mother:** Family Name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Emergency telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
**Father:** Family Name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Emergency telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COURSE DETAILS:** Language:  Italian  English Level:  Beginner  Elementary  Intermediate  Advanced

Date: from \_\_\_\_\_ to \_\_\_\_\_ N° weeks: \_\_\_\_\_ I wish to share a room with: \_\_\_\_\_

**Requested program:**  MB International Summer Camp ages 8 – 12 & 13 - 15  
 Sabbiaodoro Relax ages 16 - 20  
 Pro Training Camp:  Soccer Pro  Tennis Pro

**TRAVEL DETAILS:**

**Arrival:**  Venezia MP airport  Latisana train station  Own means of transport  Others \_\_\_\_\_  
**Departure:**  Venezia MP airport  Latisana train station  Own means of transport  Others \_\_\_\_\_

**PERSONAL INFORMATION:** Preferred sports & hobbies: \_\_\_\_\_

Does the student have allergies or specific medical/dietary requirements?  Yes  No What kind? \_\_\_\_\_

Does the student take any medicine regularly?  Yes  No What kind? \_\_\_\_\_

**PRICE:** Enrolment fee: € 110 Brochure Price: € \_\_\_\_\_

Supplements: € \_\_\_\_\_ Discounts: € \_\_\_\_\_ Supplement/discount reason: \_\_\_\_\_

Transfer from airport/railway station: **On arrival**  Yes  No; **On departure**  Yes  No Price: € \_\_\_\_\_

**Medical Insurance**  Yes  No Price: € \_\_\_\_\_ **TOTAL PRICE PAYABLE: € \_\_\_\_\_**

**ENROLMENT AND PAYMENT:** To confirm this booking, I send the deposit (30% of Total cost) via bank transfer to:

BANK NAME: Banca Antonveneta (Location: Padova); SWIFT: ANTBIT2P290

IBAN: IT 21 L 05040 12190 000003141028; ACCOUNT NAME: MB Scambi Culturali s.r.l.; ACCOUNT NO.: C/C 3141028

REASON FOR PAYMENT: Participant name + MB Summer Camp

Enrolment form must be faxed to : 00 39 049 664186 or scanned and e-mailed to MB

**AGREEMENT STATEMENT OF PARENT / GUARDIAN for students under 18:**

I have read all the information enclosed in the brochure and I accept the General Conditions of the program (written overleaf).

I allow my son/daughter to leave the campus without supervision (only if 16 years old or above)  Yes  No

Do you grant the school permission to arrange emergency treatment?  Yes  No

**Privacy:** I ALLOW THE TRANSMISSION OF MY PERSONAL DATAS ACCORDING TO THE ITALIAN LAW Dlgs 196/2003, art. 13

NAME OF PARENT/GUARDIAN (capital letters): \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEARBY DECLARE I HAVE RECEIVED AND READ THE GENERAL CONDITIONS AND AGREE TO ABIDE BY THEM, SPECIFICALLY ACCORDING TO THE ART. B 1341 CC. THE ONES REGARDING THE "CANCELLATIONS", "EXPULSION", 4) GENERAL CONDITION MODIFICATION OR MB CONTRACT CANCELLATION:

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_