



ENROLMENT FORM MB INTERNATIONAL SUMMER CAMP 2017 LIGNANO SABBIA D'ORO

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: ☐ Junior 8-12 ☐ Junior 13-15
☐ Young Adults 16-20

☐ Pro training Camp: ☐ Tennis Pro ☐ OMB Sport Acamey (☐ Swimming, ☐ Volleyball, ☐ Beach-volley, ☐ Basketball, ☐ Five-a-side football)

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: MONTE DEI PASCHI DI SIENA, (Location: Padova);

IBAN: IT 59 T 01030 12190 000003141010; SWIFT: PASCITMMXXX

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: _____

MB Scambi Culturali s.r.l.

E:\Iscrizione\Summer Camp -Stranieri\SummerCampEnrolmentForm_English 2013.doc – DO.CO.02.7EN REV. 06/03.12.12



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