



ENROLMENT FORM MB INTERNATIONAL SUMMER CAMP 2017 LIGNANO SABBIAADORO

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: 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



Via Via N. Tommaseo, 65/B - 35131 Padova (Italy) - Tel. +39 049 8755297 - fax +39 049
664186 E-mail : incoming@mbscambi.com – http://www.mbscambi.com/incoming P.I. 03393770288 -
Licenza Nr. 3/1864 del 12/1/1999 – Nr.Reg.Camera di Commercio 10519/1999