



ENROLMENT FORM

MB INTERNATIONAL SUMMER CAMP 2019

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.

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