

**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.**

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