

STUDENT DETAILS:

Family Name: _____ First name: _____ Male Female
Address: _____
PostCode _____ 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: AI International Summer Camp ages 8 – 12 & 13 - 16

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: €100 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: IntesaSanPaolo via Urbano III, 3 20123 Milan A/c no.: 600103124230 IBAN no.: IT26 T030 6909 4866 0010 3124 230

A/c name: Accademia di Italiano Swift code: BCITIT33116 IBAN no.: IT26 T030 6909 4866 0010 3124 230 BIC : IT26 -

REASON FOR PAYMENT: Participant name + AI Summer Camp *Enrolment form must be faxed to +39 02 87388891 or scanned and e-mailed to info@aimilano.it*

Payment to Accademia di Italiano - If paying by Credit Card please complete the details below:

Eurocard/Master Card/Access American Express

Diners JCB

VISA/BankAmericard

Credit card

Expiry date: _____ Security code: _____

Name of cardholder: _____

Signature: _____

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 AI CONTRACT CANCELLATION:

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____