

REGISTRATION FORM

Photo

REGISTRATION FORM

SURNAME
NAME
GENDER
DATE OF BIRTH
BORN
ADDRESS
NATIONALITY
PHONE
E-MAIL
ADDRESS IN RIMINI OR OTHER TOWN
PROPOSED DATES OF STAY IN RIMINI
STUDENT CARD NUMBER
YEAR OF ATTENDANCE

PERSON TO CONTACT IN CASE OF EMERGENCY:

SURNAME
NAME
RELATIONSHIP TO APPLICANT
ADDRESS
NATIONALITY
PHONE