

GOING ITALY 2010

Registration form

Parent/guardian/applicant

Salutation	
Title	
First name*	
Second name*	
Street*	
ZIP*	
Town/City*	
Country*	
Phone*	
Mobile phone	
E-Mail*	
Other remarks	

Going Italy participant #1

The following data refer to the tour participant only.

First name*		
Second name*		
Sex*		
Date of birth*		
School		
Class		
Vegetarien*	<input type="checkbox"/> yes <input type="checkbox"/> no	Other remarks:
Allergies*	<input type="checkbox"/> yes <input type="checkbox"/> no	Other remarks:
Other medical circumstances:		

Going Italy participant #2 (optional)

The following data refer to the tour participant only.

First name*		
Second name*		
Sex*		
Date of birth*		
School		
Class		
Vegetarien*	<input type="checkbox"/> yes <input type="checkbox"/> no	Vegetarien*
Allergies*	<input type="checkbox"/> yes <input type="checkbox"/> no	Allergies*
Other medical circumstances:		

CHOOSE A TRAVEL DATE

I would like to register for the following travel date*:

PRICE	EUR 995,- / person
LANGUAGE	Italian
DATE	<input type="checkbox"/> July 18 - July 25, 2010 <input type="checkbox"/> August 22 – August 29, 2010

For the Going Italy programs we recommend taking out travel insurance. (Complete coverage by the European Travel Insurance). For the 8-day Going Italy tour this complete package costs EUR 56,- per person. More details on the services can be found at this link: www.europaeische.at.

I request this complete package tour insurance.

Yes, i confirm having read and accepted the general terms and conditions.

Place, date

Signature of parent/guardian
