



summer camp 2019



2019

REGISTRATION FORM - 031.4896941 info@englishgate.it

Child's general information

Surname and first name

Date of birth

School year

School (and town)

First week chosen

Further weeks

Food allergies

Other comments

Parent information

Surname and first name

Mobile phone number

E-mail address

I, the undersigned, register my child for the Summer Camp 2019
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In compliance with the Italian legislative Decree no. 196 dated 30/06/2003, I hereby authorize you to use and process my personal details contained in this document

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**golf
camp**

Weeks:

June	11.06 - 15.06
	18.06 - 22.06
	25.06 - 30.06
July	2.07 - 6.07
	9.07 - 13.07
	16.07 - 20.07
	23.07 - 27.07

To confirm your registration please:
- send Registration Form via email within 25th May 2019 to info@englishgate.it
- pay the Camp weekly Fee within 25th May 2018 Bank Transfer to:
IBAN IT60Y0623051061000046495918