READING RETREATS
IN RURAL ITALY

Minor Membership Application

Please fill out this form and send it to **enrollments@readingretreats.com**.

1. Parent / Legal Guardian Information

Name *

Surname *

Email *

Phone Number

Date of Birth *

Place of Birth *

Nationality *

Codice Fiscale *

Mandatory only for Italian citizens.

Address *

City *

Zip Code *

Country / State *

2. Minor's Information

Name *

Surname *

Email

Phone Number

Date of Birth *

Place of Birth *

Nationality *

Codice Fiscale *

Mandatory only for Italian citizens.

Address *

City *

Zip Code *

Country / State *

3. Guardian's Declaration & Authorizations

> I, the undersigned, as the parent / legal guardian of the minor listed above, hereby authorize their enrollment in the Cultural Association Reading Retreats in Rural Italy. I declare that I have read the Statute and the Privacy Policy and consent on the minor's behalf.

- [ ] I have read and agree to the Statuto (Association Statute) *
- [ ] I consent to the processing of the minor's personal data as per the Privacy Policy *
- [ ] I would like to receive the newsletter with updates and events

4. Payment Method

I will pay the 15€ membership fee using:

- [ ] Wire transfer
- [ ] Cash
- [ ] PayPal donation

Date:

Guardian's Signature: