RESERVATION SHEET FOR THE USE OF THE ALPINE STUDY CENTER IN PIEVE TESINO (1)

I, the undersigned (2) in my capacity as (3)

Asks to be allowed to use the Alpine Study Center (4)

1st option: from to of the year number of nights

2nd option: from to of the year number of nights

3rd option: from .....to .....of the year number of nights

For the following purpose (5)

Will use the homeroom (circle/fill in)

YES for n° days NO

Number Disabled (6)

Presumably how many teachers:

Presumably how many students:

Presumably how many female students:

Presumably how many companions:

The undersigned declares that he/she has read the regulations of the Study Center and the regulations for participation in expenses.

Date Signature

_____

(1) Return the completed form as soon as possible. Failure to submit this form will not allow access to the facility

(2) First and last name of the applicant <u>who will also be responsible during the stay for the facility and the safety of the participants.</u> If the applicant and the person in charge are different, please specify this in the footnotes

(3) indicate in what capacity the request is being made - example: as chair, course instructor, stage, research, etc.

(4) Indicate multiple options, Center may have already been booked

(5) specify **exactly** the purpose of the request, e.g., summer school, conference, internship, course exercises, etc.

(6) Report any physical disabilities in order to set up means and systems to overcome physical barriers and allocate appropriate rooms

NOTES: