Registration form for Classes

Information on the refering teacher

Surname	Na	me
School name		
Participating class		
Primary []	Middle School []	High school []
Telephone	mobile	
Mail	Private ma	ail
Town	Province/State	Country
[A] [B] [C] [] Italian section I declare to have read authorizations and the participation to the event of send the application registration number. and other information youth and journalism.	[D] [] International section and accepted the regulation in all e disclaimers (release for use of perent), as well as the free assignment on form duly completed in all parts I authorize you to contact me at the orelated to environment and its sa	
		Signature

ALL FIELDS ARE REQUIRED