

APPLICATION FORM 2010 Culinary Arts for Amateur

Photo
(30mmX40mm)

Please fill in this form completely.

1. Personal Information

Last Name	First Name	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Nationality	Date of Birth (dd/mm/yy)	Place of Birth
(Home address) Street and Number	City	State
Zip Code	Country	E-mail
Home Telephone	Cell phone	Fax
Occupation		
(Address in Italy if you have) Street and Number	City	State
Zip Code	E-mail	
Telephone	Cell phone	Fax
Company or School	Number of permission of stay	

2. Program You are applying (*This program includes shared double or triple room of flat.)

I prefer to attend classes in Italian English.

- 1 week (6 Nights) 2 weeks (13 Nights) 4 weeks (27 Nights) 8 weeks (55 Nights) 12 weeks (85 Nights)
 Other (Please specify)

Please fill in the date when you would like to start.

Starting date (First Choice) Starting date (Second Choice) Starting date (Third Choice)

Duration	Starting Date
1 week, 2 weeks, 4 weeks or more	Every Monday

3. Housing (*This program includes shared double or triple room of flat.) *Check in Sunday and check out Saturday.

Check in date Check out date

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you may smoke outside only.
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Do you take any medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Do you have any special dietary requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Can you live with pets?	<input type="checkbox"/> Yes/No Preference <input type="checkbox"/> dogs only <input type="checkbox"/> cats only <input type="checkbox"/> No	

If you prefer to stay single room, please check below. You have to pay additional fee for single room. See payment information

Single Room

4. Enclosing the following documents

- Culinary Arts for Amateur Admission Form An international postal / money order or a copy of the enrollment fee of wire transfers.
 Photocopy of your passport or ID 4 passport photos (3cmX4cm) Photocopy of your permission of stay if you have.

5. Payment Procedure

- By International Postal / Money Order
 By Wire Transfer

Bank Name: Banco Posta Account Holder: ACCADEMIA RIACI Account Number: 000084496884
Address: VIA DE' CONTI 4, 50123 FIRENZE ITALY Phone Number: +39-055-289831
CODE IBAN: IT26 W076 0102 8000 0008 4496 884 CODE BIC/SWIFT BPPIITRRXXX CIN:W ABI:07601 CAB:02800

*If sending fee by bank transfer, you should add Euro 68 to the total amount payable to cover the charges made by bank.

I have read the brochure and I agree to the GENERAL CONDITIONS TO THE ENROLLMENT IN THE COURSES.

Student Signature

Parent/Guardian Signature (minors under 20)

Date

