

STUDENT FORM

PHOTOGRAPHY
(REQUIRED)

FIRST NAME:

LAST NAME:

DATE OF BIRTH/...../.....

SCHOOL:.....

ADRESS:.....

ZIP CODE:.....

CITY

ANNUAL SUBSCRIPTION 10€

❖ ATTACH A PROOF OF PAYMENT WITH A PHOTOCOPY OF IDENTITY DOCUMENT

ACCOUNT N°: ES84 0182 6368 0502 0151 4813 (BBVA)

Send to:

LA POINTE
p.o box 138
46530- Puzol- (Valencia)

International Contest LA POINTE

AUTHORIZATION FOR MINORS PARTICIPATION

PARENTAL AUTHORIZATION

FATHER/MOTHER /GUARDIAN NAME:		DNI O NIE:
ADRESS:		
ZIP CODE:	MUNICIPALITY/PROVINCE:	
TEL:	E-MAIL:	
IN QUALITY OF :		

AUTHORIZATION A

PARTICIPANT'S NAME:
DATE OF BIRTH:
PARTICIPATE IN LA POINTE INTERNATIONAL CONTEST

DATE.....

SIGNATURE