



BULLETION D'INSCRIPTION ENROLMENT FORM



Nom de famille SURNAME :		Prénom FIRST NAME :		Recent Photo
Age AGE :	Sexe SEX :	Adresse mail EMAIL ADDRESS :		
Adresse postale FULL ADDRESS :				
Ville TOWN :		Code postal COUNTY :		
Personne à contacter en cas d'urgence EMERGENCY CONTACT NAME :				
Soins spéciaux/Allergies/Régime alimentaire ANY HEALTH/ALLERGY/DIET PROBLEMS :				
Métier / loisirs OCCUPATION AND HOBBIES :				
Problèmes de santé HEALTH PROBLEMS :				

How long will you stay in Nantes? (1 week or 2 weeks)

What would you like to discover in Nantes and around during that second week?

Will a member of your family come with you?

- Name :
- Age :

Date:

Signature:

[Tapez ici]