
RESIDENCE REQUEST IRB/OSG

Family Name

First Name

Place and date of birth

Nationality

Father's name

Mother's name

Address:

NAP, City

Telephone number

Email address

Length of stay from..... until.....

Chief / School attended

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References

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I hereby confirm that I have read and accepted the residence terms and regulations of the Youth Hostel of Bellinzona. If my request will be accepted, I pledge to pay the deposit of **CHF 200.00** cash on arrival and the monthly rental on time.

Monthly rent: **CHF 500.00**

Signature

Place and date

Welcome