

## RESIDENCE REQUEST

| 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   | fromuntil    |
| Chief / School attended  |              |
| References   |              |
| 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 <b>CHF 560.00</b> cash on arrival and the monthly rental on time. |              |
| Monthly rent:  | O CHF 560.00 |
| Signature<br>Place and date  |              |
|  |              |







