

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	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 CHF 500.00 cash on arrival and the monthly rental on time.	
Monthly rent:	O CHF 500.00
Signature Place and date	

