

## NON PARTICIPANT FORM

I'm attending: Two Weeks Program

Three Weeks Program

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

### Non Participant Information

First Name (as appears in the Passport/Travel Document)

Middle Name (as appears in the Passport/Travel Document)

Last Name (as appears in the Passport/Travel Document)

Date of Birth

Gender

Citizenship

Do you need a visa to travel to Italy:

Address

Home Phone

Mobile Phone

Email

Are you accompanying Academy Student: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Student Name 1

Student Name 2

Student Name 3

**Accommodation:**

Academy Room and Board: \_\_\_\_ Academy Accommodation: \_\_\_\_ Own Arrangements: \_\_\_\_

**Sightseeing Tours**

Will you be taking part in the sightseeing tour of Parma?

Yes: \_\_\_\_ No: \_\_\_\_

**Travel Information**

Would you like the Academy to arrange your transportation from/to the airport (additional fee of 50EUR/\$60 per person each way applies)?

Yes: \_\_\_\_ No: \_\_\_\_

Milan Malpensa Airport – Cremona Yes: \_\_\_\_ No: \_\_\_\_

Cremona – Milan Malpensa Airport Yes: \_\_\_\_ No: \_\_\_\_

**Emergency Contact Information**

Emergency Contact Full Name

Emergency Contact Phone

Emergency Contact Email

**Terms and Conditions / Agreement**

I agree to the terms and conditions above.

**REQUIRED: Signature (Full Name) of Parent/Guardian for all minors (students under the age of 18).**

**REQUIRED: Today's Date**