

ENROLMENT FORM

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Nationality |  |
| City / Country |  |
| E-Mail address |  |
| Telephone |  |
| University of Third Age |  |

**I register for the contest in the category (several choices possible):**

Poetry: yes / no  
  
Drawing / painting: yes / no

Creativity yes / no

Singing yes / no

Sports photo yes / no

Form to be returned before August 15th

For English, French, Spanish, Italian, Portugese to AIUTA Office

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For Chinese please contact WSTC Office [wstcchina@163.com](mailto:wstcchina@163.com) Tel 0535-6952096