

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

secretariat.aiuta@gmail.com Tel 33 561633637

For Chinese please contact WSTC Office wstcchina@163.com Tel 0535-6952096