

ENROLMENT FORM

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| --- | --- |
| First name |  |
| Last name |  |
| Nationality |  |
| Country / city |  |
| Phone number |  |
| Mail address |  |
| University of the 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 2020, August 15

For English, French, Italian, Portuguese and Spanish please contact AIUTA office [secretariat.aiuta@gmail.com](mailto:secretariat.aiuta@gmail.com) +33561633637

For Chinese, please contact the WSTC office [wstcchina@163.com](mailto:wstcchina@163.com) 0535-6952096

