

## ADMISSION FORM

I \_\_\_\_\_ signed acknowledging the enclosed regulation of "Pensionato **Figlie del S. Cuore di Gesù**" located in Cremona, via G. da Cremona 19, tel. 0372/20385 - telefax 0372/34839 - Email: [sacrocuorecremona@digicolor.net](mailto:sacrocuorecremona@digicolor.net) – web: [www.sacrocuorecremona.it](http://www.sacrocuorecremona.it)

I **reserved** a space in  single room  double room  double room for single use  single room with private bathroom for 2 rooms from the month of \_\_\_\_\_ to the month \_\_\_\_\_ for academic year 2024/2025.

I **declare** that I will share the principles of the university halls, accept the rules and be aware of all the guidelines listed below:

<b>SINGLE ROOM MONTHLY</b>	<b>WITH PRIVATE BATHROOM</b>	<b>€ 430,00</b>
<b>DOUBLE ROOM MONTHLY</b>	<b>WITH PRIVATE BATHROOM</b>	<b>€ 350,00/per person</b>
<b>DOUBLE ROOM FOR SINGLE USE</b>	<b>WITH PRIVATE BATHROOM</b>	<b>€ 480,00</b>
<b>SINGLE ROOM MONTHLY</b>	<b>WITH PRIVATE BATHROOM FOR 2 ROOMS</b>	<b>€ 390,00</b>
<b>SINGLE ROOM DAILY</b>	<b>WITH PRIVATE BATHROOM</b>	<b>€ 38,00</b>
<b>DOUBLE ROOM DAILY</b>	<b>WITH PRIVATE BATHROOM</b>	<b>€ 35,00/per person</b>

The payment can be made by bank transfer through Banca Popolare di Cremona – **IBAN CODE: IT 59 J 05034 11410 00000111512** **BIC OR SWIFT CODE: BAPPIT22** or directly to the administrative office, where there is also the possibility to pay with ATM card.

In case of my waives, a notification must be given 30 days before due to .

I send the deposit of € 300,00 that will be deducted from the last payment or withheld in case of my earlie cancellation with respect to the commitment assumed in this form or any damage to the structure or room that will be calculated separately if more than the deposit.

I understand that the possession of the room must take place within the month of October, date beyond which the present reservation is considered null and and consequently the deposit will be retained.

I assume also the following commitments:

- Delivered upon arrival in the structure a medical certificate attesting good healthy;
- Provide for sheets, towels and kitchen utensils, in case of more than one week stay;
- Take charge of any damage caused by my negligence even through the reimbursement of the same;
- Pay the fees in advance (within the first 10 days of the month)
- Be in compliance with anti-covid prescription

Surname and First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Country \_\_\_\_\_ (City) \_\_\_\_\_

Address \_\_\_\_\_ Nr. \_\_\_\_\_

Postal code: \_\_\_\_\_ Parent's phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Identity document \_\_\_\_\_ Nr.. \_\_\_\_\_

Place and issuing date \_\_\_\_\_

School or occupation \_\_\_\_\_ Fiscal code \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

For approval - Structure's chief \_\_\_\_\_