

**Binding registration for the Europe travel 2020**  
**for the exchange students**  
**of the Rotary District 1890 / 1880**

Exchange student .....  
(first name and family name)

Male ( ) / Female ( )

Nationality .....

Passport number .....

Date of Expiry .....

Date of birth .....

Place of birth  
.....

Rotary Club in Germany .....

Mobile number of the Inbound .....

WhatsApp number of the inbound

.....

Email address of the Inbound .....

I regularly take medication / psychotropic drug      yes (    )                      no (    )

If yes: I take the following medication / psychotropic drug on medical prescription

I suffer from the following terminal illnesses:

I/we received the letter of the 01.06.2019, accept the regulations for the execution of the trip and register the inbound with guarantee for the Europe travel of the Rotary District 1890.

We received the special regulations for the way of behavior and a possible cancel of the trip and will send the signed form.

We received the terms of payment and hereby assure to make the transfers on time. We are aware that late delivery and incomplete payment may lead to the exclusion of inbound travel.

Date \_\_\_\_\_

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signature legal guardian

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signature inbound

First and last name of mother:

First and last name of father: