



KOLPINGHAUS GRAZ

8010 Graz, Adolf-Kolping-Gasse 6

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APPLICATION FOR ADMISSION

The room is needed from until

Room preferences:

Preferred date and time for moving in:

Family name: First name: Sex:

Date of birth: Nationality:

Street, No.: Postal code, city:

Telephone: E-Mail:

Reason for staying:

Parents (Guardian):

Name:

Address (in case of divergence):

Telephone: E-Mail:

Cost bearer (payer):

Name:

Address (in case of divergence):

I ensure that I have given all information to the best of my knowledge. I declare that I have read, understood and will accept the House Rules and Payment Regulations and fully agree to abide by them. If the applicant is under 18, this agreement is only validated at the time the application's parents enter the contractual payment obligations.

I have read and accepted the data protection declaration. I am aware that I can get data information by mail or phone at any time.

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Place and date

.....
Signature of applicant

.....
Signature of cost bearer