



# UNIVERSITÀ DEGLI STUDI DI TORINO

## UNIVERSITY OF TURIN

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REFERENCE EVENT/BROADCAST TITLE \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

I, the undersigned (*name*) \_\_\_\_\_ (*surname*) \_\_\_\_\_

born in (*city of birth*) \_\_\_\_\_ on (*date of birth dd,mm,yyyy*) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

email : \_\_\_\_\_

I am the (*please select one*)       father       mother       legal guardian

of minor (*name and surname*) \_\_\_\_\_

born in (*city of birth*) \_\_\_\_\_ on (*date of birth dd,mm,yyyy*) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Read, understood and signed (*legible signature*) \_\_\_\_\_

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\* To be sent **at least 24 hours before** the date of the event:

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