



APPLY FOR A PLACE IN A DORMITORY

The room is needed from: until: Room request:

Preferred date and time for moving in:

Applicant's personal data:

Family name:	First name:	Sex:
Date of birth:	Nationality:	
Street, No.:	Postal code, city:	
Phone number:	e-mail:	

Reason for staying:

.....

Parents (only for minor applicants):

Name:
Address (in case of divergence):
Phone number: e-mail:

Who bears the costs:

Name:
Address (in case of divergence):

I ensure that I have given all information to the best of my knowledge. I confirm that I have read and understood the home and payment regulations, accept them and will comply with the specifications. Furthermore, I undertake to report any changes to this information immediately in writing.

I am informed that the contract - in deviation from the payment regulations - is only concluded for the period specified above and that no tenancy is justified by moving into the Kolpinghaus Graz.

I have read and accepted the data security declaration. I am aware that I can request data information by e-mail or telephone at any time.

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Place and date

.....
Signature of applicant

.....
Signature of cost bearer

To be filled in by the Kolpinghaus

Deb-Nr: A/K: Einzug: Auszug: