

MINORS AUTHORIZATION FORM

Stay authorization for a minor to be sent by email.

Me (first name last name parent or legal guardian),
parent/legal guardian of (first name last name boy/girl)

I declare to authorize the stay at your Aquacamp campsite
located in via del Dosso, 1 in Brenzone sul Garda,

In the period

and I declare that I am responsible for all activities of the boy,

I leave my telephone numbers to be contacted immediately in the event of any problem:

Mobile

home telephone

work telephone

I enclose a photocopy of my identification document.

Signature of parent or legal guardian

