

KOLPINGHAUS GRAZ

8010 Graz, Adolf-Kolping-Gasse 6

Telephone: +43 316 82 94 70-551

E-mail: office@kolping-graz.at

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:

Name:

Street, No., Postal code, city:

Telephone: E-Mail:

Cost bearer:

Name:

Street, No., Postal code, city:

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.

As per the EU General Data Protection Regulation (GDPR) personal data has to be deleted after the purpose of processing is fulfilled. Your data will be processed digitally and used for the implementation of the contract as well as the attendance of minors. The data will be deleted after expiration of the legal storage obligation.

.....
Place and date

.....
Signature of applicant

.....
Signature of cost bearer