



# KOLPINGHAUS GRAZ

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## APPLICATION FOR ADMISSION

The room is needed from \_\_\_\_\_ until \_\_\_\_\_

Room preferences:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address:

Telephone and e-mail:

### Parents:

Name:

Address:

Telephone and e-mail:

Reason for staying:

Cost bearer:

Preferred date and time for moving in:

**All my statements on this application form are true and correct. I declare that I have read, understood and will accept the House Rules and fully agree to abide by them. This agreement is only validated at the time the application's parents enter the contractual payment obligations.**

.....  
Place and date

.....  
Signature of applicant

.....  
Signature of cost bearer