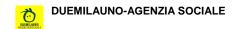
## **Summer Centers TRIESTE**

Last name  Place of Birth		First name Date of Birth	
Postal Code	_ Comune		Province
In case of need, the following	ng <b>phone contacts</b> are p	rovided:	
FULL NAME	RELATIONSHI	IP/OTHER	PHONE NUMBER



## **RE-AUTHORIZATION FORM**

Summer Centers TRIESTE							
The undersigned							
declares to be	parent	guardian	holder	of parental responsibility			
		and					
The undersigned							
declares to be	parent	parent guardian holder of parental responsibility					
		of					
(Child's full name)							
authorize the edu following individual (indicate the names	s:	_	hter at the e	end of activities exclusively to the			
FULL NAME		ID DOCUMENT		RELATIONSHIP / OTHER			
		suant to Art. 13 of the GI m will be processed with		rata Protection Regulation), we remind you fidentiality and fairness.			
Date,/	/						
Signatures							