

# Enrolment



BEZIRK  
NIEDERBAYERN

## SummerAKTIVersity 16th to 27th of September 2019 'Roots and Roads of Cultural Diversity'

Surname, first name: .....

Nationality: .....

Date of birth: .....

Address / country: .....

Phone: .....

E-mail address: .....

### Language skills:

– Please tick appropriate level –

German:                      well                      average                      little                      none

English:                      well                      average                      little                      none

French:                      well                      average                      little                      none

Other languages: .....

Detailed informations about  
your language schooling: .....

(for example type of school,  
years of studying) .....

Place of residence, date, signature .....

– If the participant is a minor, signature of parent/legal guardian –

**Please fill out this form on the computer, print, sign and send it to your association of partnership or to  
Bezirk Niederbayern.**

Association of partnership .....

Fax, e-mail .....

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