



APPLICATION FORM

This form, fully completed with the requested data, should be attached to the documents indicated in paragraph 6 of the Rules.

Name..... Family Name

Born in date

Address N°.....

PostCode City Country

Phone Mobile

Profession

Email

I would like to participate to the "Concorso Le 5 Stagioni " according to the options given in the Rules, as:

- individual professional

please indicate your professional qualification (architect, entrepreneur, engineer, designer...):

.....

- representative of a group of professionals

Please indicate the name of the working group:

.....;

and the names and family name of the co - authors and their professional qualifications:

.....

.....

- designer of a contracting company

Please Indicate the company name:

.....

and the names and family name of the co - authors and their professional qualifications:

.....

.....

Name of the premises:

Address of the Premises:

I agree to the Rules, and authorize the use of my data

City and Date

Readable Signature

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