Enrollment

Volkshochschule Erlangen | Friedrichstr. 19 - 21 | 91054 Erlangen | Fax (+49) 91 31 / 86 2702

Volkshochschule Erlangen

All with a star (*) marked informations or choice boxes are mandatory for an enrollment.

- ◯ I have read the General Terms and Conditions of the Volkshochschule Erlangen and I accept them. *
- ◯ I have read the Data Privacy Statement and I accept it. *

Hereby, I enroll bindingly for the following courses and events:

Event number: * |__|__|__|__|__|__|__|__|__|__| Event number: |__|__|__|__|__|__|__|__|__|__|

Event number: |__|__|__|__|__|__|__|__|__|__| Event number: : |__|__|__|__|__|__|__|__|__|__|

Family name:* _____

_____

First name:* _____

c/o: _____

Street, Number:* _____

Postal code:* |__|__|__|__|__| Place / City:* _____

In the case of course cancellation or for inquiry questions you may contact me.*

Phone: _____

Mobile: _____

E-mail address: _____

Date of birth * |__|__|__|__|__|__|__|__| Sex * ◯ female ◯ male

_____ _____

Place and date of issue * Participant's signature (underage person: signature of parent / legal guardian) *

Hereby, I authorize the Volkshochschule Erlangen to debit my account with the fees for the courses.
A valid SEPA Direct Mandate at the vhs is necessary or must be filled out additionally.

Account holder: _____

IBAN: **DE** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Bank (name): _____

Account holder's signature: _____