



FEELING LIFE

THE APPLICATION FORM

(In the event that a member is a minor, it is completed by parent or guardian)

Card membership number (to be completed by Feelif d.o.o.): _____

PERSONAL DATA

Name:

Surname:

Permanent address:

Street and house number:

Postal (Zip) Code:

Post office:

Date of birth:

Temporary address:

(If it is different from the permanent address or it is address where you want to receive mail)

Street and house number:

Postal (Zip) Code:

Post office:

Phone:

E-mail:

A description of visual impairment:

Any possible additional health issues of a child:

Any possible food allergies:

CONTACT INFORMATION of a PARENT/GUARDIAN (if a member is a minor)

Name:

Surname:

Permanent address:

Street and house number:

Postal (Zip) Code:

Post office:

Date of birth:

Temporary address:

(If it is different from the permanent address or it is address where you want to receive mail)

Street and house number:

Postal (Zip) Code:

Post office:

Phone:

E-mail:

By signing, you acknowledge that you are familiar with the terms and conditions laid down in this document. The terms and conditions are also listed on the website.

Place and date:

Signature: