

REGISTRATION FORM

Club details				Team Leader				
CLUB name			Name and Surname					
VAT code	T code			Address				
Address				Role in the Club				
				City				
City Coun		Country	try			Country		
Tel Email				Tel		Email		
Tournament registra	tion details							
Tournament				7	from	to		
Category	ory		Year of b		of birth	rth Nr of team		
Category			Year of		of birth	birth Nr of team		
Category				Year	of birth	Nr of team		
Category				Year of		th Nr of team		
<i>,</i>								
Participants		Nr.	Accommodatio	n X	Rooms		Nr.	
Coach/Manager			Village (rooms)		Single room	_		
Players			Camping (mobilhomes)		Twin room (separated beds)			
Parents/Supporters			Hostel		Double room	Double room		
Infant < 3 years old			Hotel 3*		Triple room (se	eparated beds)		
Infant < 6 years old			Hotel 4*		Triple room (1	Triple room (1 double + 1 single bed)		
Bus Drivers			4 beds room (separated beds)		separated beds)			
Person with disabilities			4 beds room (1 double + 2 single beds)					
Animals			Multiple room (5 or 6 beds)					
Total nr. of participants			Please check types of accommodation of your tournament before filling			Total nr. of room	ms	
Bank details								
BANK ACCOUNT HOLDER: 2erre Organizzazioni snc				CREDEM Credito Emiliano - VENEZIA, San Marco 4107				
IBAN CODE: IT24 T030 32	202 0000 1000 0001 7	729	SV	VIFT: BACRIT2130)7			
IMPORTANT: Team L	eader according	with the Club. d	eclares:					
	d accepted Terms and		ooidi oo.					
		VACY document regai m-2erre Organizzazioni			e tournament official ph	otographers		
I attach a copy	of bank transfer of €	1.500,00 as first pay	ment					
		List and final paymen		ore the tourname	ent			
. Will seria the	5 2.30, 1 14/01	paymen		and tourname	···-			
DATE		TEAM LEADER			CLUB			
		SIGNATURE			STAMP			