

REGISTRATION FORM Fazana Brioni Kup

Club details					Team Leader						
CLUB name				Name a	and Surna	me					
VAT code				Addres	S						
Address				Role in	the Club						
City		Country		City			Count	rv			
Tel	Email			Tel			Ema	ail			
Tournament registrat	tion details										
Tournament					f	from		to			
Category					Year o	f birth		Nr of t	eam		
Category					Year o	f birth		Nr of t	eam		
Category					Year o	f birth		Nr of t	eam		
Category					Year o	f birth		Nr of t	eam		
Participants		Nr.	Accommodation	n	Х		Rooms			Nr.	
Coach/Manager			Village		х		Single room		only for bus driver	s	
Players			Accommodation:	ļ			Twin room (separate	ed beds)	only for bus driver		
Parents/Supporters			mobilhome (MH) <u>or</u> ap	artment (A	PT)		MH/APT (4 beds in 2		, max 4 people		
Infant < 3 years old							MH/APT (6 beds in 3				
Infant < 6 years old								Tot	tale unità abitative	2	
Bus Drivers											
Person with disabilities											
Animals											
Total nr. of participants			Please check types of accommodation of your tournament before filling								
Bank details											
					CREDEM Credito Emiliano - VENEZIA, San Marco 4107						
IBAN CODE: IT24 T030 320	WIFT: BACRIT21307										
IMPORTANT: Team Leader, according with the Club, declares:											
I have read and accepted Terms and Conditions											
I have read and accepted GDPR PRIVACY document regarding protection of personal data I specifically allow TorneiGiovanili.com-2erre Organizzazioni snc to publish on the web photos of the tournament official photographers											
I attach a copy	of bank transfer of €	1.500,00 as first payı	ment								
I will send the F	Rooming List, Player L	ist and final paymen	t within 30 days bef	ore the to	ournamer	nt					
DATE		TEAM LEADER					CLUB				
DAIL		SIGNATURE					STAMP				