

FIRST NAME **LAST NAME**

ADDRESS **ZIP**

CITY..... **COUNTRY**

BIRTH DATE **T-SHIRT SIZE (M, L, XL, XXL, XXXL)**

CURRENT CLUB'S NAME

YEARS OF COACHING EXPERIENCE

CLUBS/TEAMS COACHED

TEL.NR. **EMAIL**

SPECIAL REQUESTS

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PLEASE INCLUDE: 2 PHOTOS (3 X 4 cm)

PLANNED SHIFTS

CHOSEN SHIFT MARK WITH A CROSS

1st Shift: 30. June – 6. July (420,- €)

2nd Shift: 6. July – 12. July (420,- €)

ADVANCE OF 240,- € MUST BE PAID LATEST UNTIL 30 DAYS BEFORE ARRIVAL (INSERT YOUR NAME AS A PAYMENT REFERENCE), BY BANK TRANSFER TO:

L.T.SPORT d.o.o. - OIB: 68019249202 - Partizanska 15 – HR 52440 Porec - Croatia

BANK DETAILS:

Privredna Banka Zagreb d.d. - Radnicka cesta 50 - HR-10000 Zagreb - Croatia

SWIFT: PBZGHR2X ↗ IBAN: HR6923400091110746957

BALANCE TO BE PAID BEFORE ARRIVAL OR UPON ARRIVAL AT THE CAMP

SEND THE REGISTRATION FORM AND COPY OF BANK TRANSFER

BY FAX: +38552427081 OR BY EMAIL: info@volleyteam.org

UPON ARRIVAL AT CAMP ALL DOCUMENTS MUST BE SUBMITTED IN ORIGINAL

COACH SIGNATURE

DATE
