

FIRST NAME LAST NAME
ADDRESS ZIP
CITY..... COUNTRY
BIRTH DATE GENDER
HEIGHT WEIGHT PLAYER POSITION
CLUB NAME
T-SHIRT SIZE (S, M, L, XL, XXL, XXXL)
HEALTH INSURANCE CARD NR.
TEL.NR. PARENT TEL.NR. PARTICIPANT
EMAIL SPECIAL REQUESTS
.....

TAKE WITH: COPY OF THE MEDICAL CERTIFICATE OF FITNESS, PARENTS STATEMENT ABOUT ALLERGIES TO MEDICATION OR FOOD, 2 PHOTOS (3 X 4 cm)

PLANNED SHIFTS

CHOSEN SHIFT MARK WITH A CROSS

- 1st Shift: 1. July – 7. July (395,- €)
- 2nd Shift: 7. July – 13. July (395,- €)

ADVANCE OF 220,- € MUST BE PAID LATEST UNTIL 30 DAYS BEFORE ARRIVAL, 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 UPON ARRIVAL AT THE CAMP

SEND THE REGISTRATION FORM, MEDICAL CERTIFICATE 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

SIGNED PARENT OR GUARDIAN

DATE
