

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: 24. June – 30. June ( 410,- €)
- 2<sup>nd</sup> Shift: 30. June – 6. July ( 410,- €)

**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](mailto:info@volleyteam.org)**

**UPON ARRIVAL AT CAMP ALL DOCUMENTS MUST BE SUBMITTED IN ORIGINAL**

**SIGNED PARENT OR GUARDIAN**

**DATE**

\_\_\_\_\_

\_\_\_\_\_