REGISTRATION FORM - ATOMIADE 2018

Send to:
ASD TENNIS CLUB CCR ISPRA
tennis.ccr.ispra@gmail.com

Name & Surname: _____

Sport 1 _____ Team captain/coordinator Sport 1: _____
Sport 2 _____ Team captain/coordinator Sport 2: _____

Birth date: _____ sex: M o F o
Private Address: _____
Email: _____
Phone: JRC TP

Additional Info to be provided for specific sport (e.g. active/hobby for tennis table, or Team X, Team Y for tennis etc.):

Payment:

pre-registration	50 €	o	(full registration balance of 40 EUR to be settled by 30/04/2018)
Golf tournament Green fee	110 €	o	

TOTAL: _____

Paid to Captain: signature by Captain:
Paid directly to Atomiade account:
BANK ACCOUNT DETAILS
Beneficiary: **TENNIS CLUB CCR ISPRA**
IBAN: **IT56Q0200850020000102065315** BIC: **UNCRITM1321**
please specify as causale/grounds: fee name surname

Disclaimer Privacy:
Legge 196/2003 on treatment of personal data:
I, the undersigned, hereby authorise Associazione Atomiade 2018 to use and retain my personal data ☐

Disclaimer Health Certificate:
I hereby commit myself to provide a valid medical fitness certificate or alternative document prior registration deadline (30 April). ☐

Date _____ Signature _____

✂✂✂

RECEIPT
I undersigned _____
have received the amount of €_____
from_____
for registration for the ATOMIADE 2018

Signature of Captain/Coordinator