



REGISTRATION FORM



To be filled out and faxed to 0039 (0)41 2750802 or sent by e-mail to info@torneigiovanili.com

The following fields must be completed in block letters

Tournament/Event: PRAGUE'S BARREL BEACH SOCCER From: ___/___/___ To: ___/___/___ Locality: PRAGUE

Information about the club

Name of the team: _____

Address: _____ Zip code: _____ City: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Information about the person in charge of the team

Name: _____ Mobile number: _____

Address: _____ Zip code: _____ City: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Categories

Put a cross in the box. If you want to enter more than one team in the same category, enter the team's number in the box.

Male

Seniores Open Age 4+1 n. Teams ___

Composition of the group

If you do not know the exact number, please specify a minimum number

TOTAL N. OF PARTICIPATORS ___ there out Players n° ___ Accompanists n° ___ Drivers ___

* specify: Number of children under 2 years old ___ Number of children under 6 years old ___

ACCOMMODATION

Please indicate the chosen accommodation. (hotel **, ***, *****, residence, village) _____

N° Single rooms ___ N° Twin rooms (beds separated) ___ N° Double rooms (marriage bed) ___

N° 3beds rooms ___ N° 4beds rooms ___

City and date _____

Stamp and signature _____