

Registration Form



Date: _____

Athletes name: _____

Adress: _____

ZIP Code: _____

City: _____

Date of birth (DDMMYYYY): _____

Phone: _____

Athlete: _____

Mother (Name and no.): _____

Father (Name and no.): _____

Other: _____

E-mail mother/father: _____

Are photos and videos from training/competitions allowed to be used on our website or Facebook page?

Yes:

No:

Signed by parent

Kontakt:

Chairman
Peter Laurent
21 72 13 64

Cashier
Marianne Knudsgård
20 85 56 72

Danske Bank
Reg/accountno:
1551 8212813