

# ENROLLMENT FORM

CHIEVOJUNIORCUP2018

FILL OUT THE ATTACHED FORM AND SEND IT  
BY EMAIL TO:  
**EVENTI@CHIEVOVERONA.IT**  
INFO & CONTACTS:  
MARCO GARREFFA  
MOBILE: 393-8020006

NAME OF THE TEAM: \_\_\_\_\_ VAT NUMBER: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CITY: \_\_\_\_\_

TEAM MANAGER: NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### ENROLLED TEAMS:

Under 17/16: \_\_\_\_\_ Under 15/14: \_\_\_\_\_ Under 13: \_\_\_\_\_ Under 12: \_\_\_\_\_  
Under 11: \_\_\_\_\_ Under 10: \_\_\_\_\_ Under 9: \_\_\_\_\_ Under 8: \_\_\_\_\_

HOTEL: YES  NO

### TEAM REGISTRATION FEE

- Under 17/16 - Under 15/14: 150 €
- Under 13-12-11: 100 €
- Under 10-9-8: 75 €

HOTEL	HB	FB
<u>Hotel Veronello</u>		
<u>Hotel Gardesano</u>		
<u>Residence Poiano</u>		
<u>Montesor Tower</u>		

HB: Half Board  
FB: Full Board

GROUP	N.
<u>Drivers</u>	
<u>Chaperones</u>	
<u>Players</u>	
Under 14	
Under 3	
TOTAL OF PEOPLE	

In case you don't know head count, indicate minimum number.

TYPE OF ROOM	N.
Single	
Double	
Triple	
Quadruple	
TOTAL OF ROOM	

### TRANSPORTATION:

\_\_\_\_\_

### DATE AND TIME OF ARRIVAL:

\_\_\_\_\_

The sports club in the person of his representative declares to have read this contract and to accept and approve it. The sports club encloses a copy of the bank transfer made as a deposit of the entire amount on the account Banca Valsabbina IT 46 A 05116 11704 000000001617 registered to Bottagisio Sport Events SSD. The payment of the balance must be made at least 1 month before the event (April the 23rd, 2018). In the event of non-payment of such fee by 23 April, the registration will be considered:

- canceled for those who did not make the payment;
- suspended until 4th May 2018 for those who had made the payment. Beyond that date the registration will be canceled with withholding tax.

The undersigned declares to assume the direct and personal liability of the payment of the entire compensation of all the reserved participants.

Date/City: \_\_\_\_\_

Legal Representative: \_\_\_\_\_

I hereby authorize the treatment of my personal data also for the purposes stated under art. 16 DLGS / 2003 at the end of the Tourism contract.

CLUB STAMP