

REGISTRATION FORM



**F3 - CHAMPIONS BOWL
FERRARA - ITALY
JUNE the 1-2-3 2007**

CLUB - TEAM

CITY - COUNTRY

COACH/CAPTAIN – LAST/FIRST NAME

Phone – e-mail

The team qualified trusty, with his signature declares that he being the responsible team nominee, accepts and was informed upon the rules and regulations of this "Champions Bowl Tournament 2007". I also declares as an adult, that all of my players from my team, are in possession of an official medical certification allowing each athlete to participate to any sports event of flag football. I also declare that I am responsible for all civil and legal responsibilities of my team including matters to persons or things and property that are to be considered discharged to the sports organizations responsibly.

The sports organization disclaims any responsibility for any unexpected incidents of what so ever nature that could occur before, during or after the sports event.

I also authorize that the legal use of the media, photographers, and video's of our team at this sports event.

PLAYERS and SUPPORTERS

NUMBER OF **PLAYERS** (TOTAL).....

NR:

NUMBER OF **SUPPORTERS** (TOTAL).....

NR:

**45 € PLAYERS
25 € SUPPORTER**

TOTAL €.....

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INTERNATIONAL PAYMENT INSTRUCTIONS (ONLY EURO)
PLEASE REQUEST YOUR BANKER TO ROUTE INTERNATIONAL PAYMENTS BY SWIFT TO **CARIFE (Cassa di Risparmio di Ferrara)** WITH THE FOLLOWING INDICATIONS:
CODE (BIC): CFERIT2FXXX INTERNATIONAL BANK ACCOUNT NUMBER (IBAN):
IT93C – ABI 06155 – CAB 13002. ACCOUNT # 000000010605.

THIS INFORMATION IS MANDATORY AND MUST BE WRITTEN EXACTLY AS SHOWN.

BENEFICIARY CUSTOMER:

BANDITI FERRARA FLAG FOOTBALL TEAM ASD

***Please specify name of the team and reason of the payment
(ORGANIZATION FEE)***

Return to:

F3 BANDITI FLAG FOOTBALL FERRARA

FAX : +39 0532 906699

NAME :

Date: _____

Coach/Captain's Signature _____