

REGISTRATION FORM

We are interested in participating in your tournament and we sign the following registration:

Club Name

Responsible

Address

City

Tel. Private Tel. Office

Cell phone

E-Mail

Tournament Name date

Category*

*(check the tournament categories on www.sporturismo.com)

Total Players: Total Managers and / or Accompanyers

Means of transport Transport on site: yes no

Date, signature and stamp of the Club

**To be sent to:
Ms. Claire Brown Lanteri
cbl@sporturismo.com**