

REGISTRATION FORM

Bella Italia Village Lignano

Club details

CLUB name

VAT code

Address

City Country

Tel Email

Team Leader

Name and Surname

Address

Role in the Club

City Country

Tel Email

Tournament registration details

Tournament from to

Category Year of birth Nr of team

Category Year of birth Nr of team

Category Year of birth Nr of team

Category Year of birth Nr of team

Participants	Nr.	Accommodation	X	Rooms	Nr.
Coach/Manager	<input type="text"/>	Village (rooms)	<input checked="" type="checkbox"/>	4 beds room	<input type="text"/>
Players	<input type="text"/>			5 beds room	<input type="text"/>
Parents/Supporters	<input type="text"/>			6 beds room	<input type="text"/>
Infant < 3 years old	<input type="text"/>			7 beds room	<input type="text"/>
Infant < 6 years old	<input type="text"/>			8 beds room	<input type="text"/>
Bus Drivers	<input type="text"/>			Total nr. of rooms	<input type="text"/>
Person with disabilities	<input type="text"/>				
Animals	<input type="text"/>				
Total nr. of participants	<input type="text"/>				

Please check types of accommodation of your tournament before filling

** to be confirmed upon Village availability*

Bank details

BANK ACCOUNT HOLDER: **2erre Organizzazioni snc**
IBAN CODE: **IT24 T030 3202 0000 1000 0001 729**

CREDEM Credito Emiliano - VENEZIA, San Marco 4107
SWIFT: **BACRIT21307**

IMPORTANT: Team Leader, according with the Club, declares:

- I have read and accepted [Terms and Conditions](#)
- I have read and accepted [GDPR PRIVACY document regarding protection of personal data](#)
I specifically allow TorneiGiovanili.com-2erre Organizzazioni snc to publish on the web photos of the tournament official photographers
- I attach a copy of bank transfer of € 1.500,00 as first payment
- I will send the Rooming List, Player List and final payment within 30 days before the tournament

DATE

TEAM LEADER SIGNATURE

CLUB STAMP