

APPLICATION FORM VOLLEYCAMP 2018

Send it at fax n. 0039 06 89281354 or scan it and send it by e-mail to info@volleycamp.it

Please write in print.

Last Name	Name	
Address	City	Zip Code
Phone	Other Phone	
E-mail		
Born City	Country	Birthday / /

Allergies and Medications

If possible I would like to be in the same room with:

PLEASE MARK THE CHOSEN SESSION

- | | |
|--|------------------------------------|
| <input type="checkbox"/> First Session: 24-30 Giune 2018 | 1 Session: € 430,00 (6 nights) |
| <input type="checkbox"/> Second Session: 1-7 July 2018 | 2 Sessions: € 880,00 (13 nights) |
| <input type="checkbox"/> Third Session: 8-14 July 2018 | 3 sessions: € 1.320,00 (20 nights) |

Camp Multisport

- | |
|---|
| <input type="checkbox"/> 5-a-side Football: 1-7 July |
| <input type="checkbox"/> Basket: 1-7 July |
| <input type="checkbox"/> Historical Fencing: 1-7 July |
| <input type="checkbox"/> Handball: 1-7 July |

T-SHIRT S M L XL

HOW TO REGISTRER

Cod. Prom.

<input type="text"/>	<input type="text"/>
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Make bank transfer to Sport Project A.S.D.

Bank Name Monte Paschi Siena - Rome IBAN IT 08 V 01030 03273 000061184873 or with check at Sport Project A.S.D.

Send this Application Form and bank transfer copy to Fax n. +39 06 89281354 or to e-mail info@volleycamp.it

I send also the medical report that allow the participant to take part at camp and the bank transfer copy of € 220,00.

The application form and the medical personal report must be brought at camp in original. Before the beginning or directly at the camo I will pay the rest part of the fee of €.....

Deposit will be gave back only if the cancellation will be notified at least 15 day before the start of the camp.

Sport Project will keep 30% of that amount as penalty fee. Camp fee include also the membership cost and insurance cost.

INSURANCE: I declare to accept the insurance agreement managed by Sport Project with the OPES insurance giving up to any request that is not part of the contract.

DISCIPLINE: I understand that any violation of the rules of the camp, as damages of the hotel and sport facilities, or not respecting the coaching staff, will be as consequence the immediate expulsion of the interested person from camp and the expenses refund to the organization.

CANCELLATION: I understand that Sport Project ASD has the right to cancel his programs at any time and is only duties is to give immediate communications to the applicants and to give back the camp fees received. I understand that with signing this application form I request to be remember of Sport Project ASD and of the Sport Promotion Organization OPES, the membership fee is € 25.00 and is already included in the participation fee to camp. I authorize the privacy personal data as per Italian laws D. Lgs. 196/03. I also athorize the use of pictures and movies of the participant for the Sport Project A.S.D. www.volleycamp.it

Parent or Legal tutor Signature

Date _____ Camper Signature _____

Camp will begin at 5.00 pm on Sunday. Campers are espected to arrive for check-in at Hotel between 3.00 and 5.00 pm. Camp will end at 2.00 pm on Saturday, right after lunch.

FOR MORE INFORMATION PLEASE SEE OUR WEB SITE AT WWW.VOLLEYCAMP.IT

SPORT PROJECT Tel. +39 06 98353266 Fax +39 06 899281354 E-mail info@volleycamp.it

