



GIRL'S HOCKEY CAMP 2016

Vipiteno (Italy) – July 17th – 22nd

Application form

Name: _____
Surname: _____
Address: _____
ZIP code: _____
City: _____
State: _____
Phone / Fax: _____
Mobile: _____
Email: _____
Club: _____

Allergies:

Date of birth: _____
Height: _____ cm
Weight: _____ kg
Dress size: _____

Practice only: (lunch included)
Full camp: (full board and lodging)

Position: Forward Defence
Goalkeeper:

Health insurance number: _____

Liability insurance number (in case): _____

Place, date

Sign (parents have to sign
for underage applicants)

To be filled in, signed and sent via fax, email or postal service to:

EV Bozen 84
Via Castel Novale 26
I – 39100 Bolzano
info@evbz-hockeyacademy.it
Mobile: +39 349 0829482
or
Fredy Püls
fredy.puels@chello.at

Attendance fee to be paid until 31.05.2016 by transfer on

Amateureissportverein Bozen 84
Südtiroler Sparkasse
IBAN: IT33P0604511601000002950000

or

Fredy Püls
Raiffeisen Landesbank Tirol
IBAN: A31 3600 0000 0186 3653
BIC: RZTIAT22