

SUMMER CAMP 2024

COMPETITION TENNIS



REGISTRATION FORM

NAME: _____

Member Not Member

SURNAME: _____

DATE OF BIRTH: ____ / ____ / ____

PHONE NUMBER (FATHER OR MOTHER): _____ / _____

EMAIL (FATHER OR MOTHER): _____

OBSERVATIONS: _____

WEEKS (mark with an X)

From the 1 to the 5 JULY

From the 22 to the 28 JULY

From the 8 to the 12 JULY

From the 29 JULY to the 2 AUGUST

From the 15 to the 19 JULY

MORNING STAGE COMPETITION STAGE

AMOUNT: _____ €

INCOME BANK ACCOUNT NUMBER: ES24 00810020180001706675

DNI / PASSPORT NUMBER (BILLING INFORMATION): _____

Signature:

Date: Cabrils, ____ / ____ / ____