



APPLICATION FORM - RETURN

* The red boxes are mandatory.

** Mark relevant by ticking/clicking in the relevant square.

BOCCIA TATRA CUP 2024 - international tournament June 12 - 18, 2024, Liptovský Ján / SLOVAKIA	
NAME AND SURNAME: * ^{**} <input type="checkbox"/> Player <input type="checkbox"/> Accompaniment / Staff	
ADDRESS: *	
BIRTH DATE: *	
E-MAIL: *	PHONE:
I WILL COMPETE IN THE CATEGORY / CATEGORIES (<i>players only</i>): ** <input type="checkbox"/> BC1 <input type="checkbox"/> BC2 <input type="checkbox"/> BC3 <input type="checkbox"/> BC4/5 <input type="checkbox"/> Pairs BC3 <input type="checkbox"/> Pairs BC4/5 <input type="checkbox"/> Teams BC1/2 <input type="checkbox"/> INTEGRATION TEAMS / the player without sports classification PAIR / TEAM NAME: TEAMMATES: <input type="checkbox"/> I am interested in being included in a Pair / Team by the tournament administrator (<i>help in setting up a Pair / Team with players from another club, or another country</i>)	
<input type="checkbox"/> I am interested in participating in WORKSHOPS	
ASSISTANT / name and surname:	
<input type="checkbox"/> I am interested in accommodation	DATE / ARRIVAL: DEPARTURE:
<input type="checkbox"/> I am interested only in lunches (<i>individual accommodated only</i>)	DAYS NUMBER:
DATE: *	SIGNATURE: *

Fill out, print, sign, scan this form and send it to the e-mail address zompresov@zompresov.sk