

Handball Camp Maksimir-Pastela
Donji prečac 13,
10000 Zagreb
OIB.: 94094205257



International Handball Camp for Boys and Girls 2019

Application Form

Chosen Camp
Date:

18.06.-24.06.2019.

Name and surname: _____

Day, Month and Year of Birth: _____

Place of Birth: _____

Address: _____

Phone: _____

Health Insurance Number: _____

Swimmer

Non-swimmer

Health status (allergies, illness): _____

Parent's Name and Surname: _____

Parent's Phone: _____

Player's position: _____ Player's experience: _____ years

Club's Name: _____

Club's Address: _____

Phone: _____ Fax: _____ Registration number _____

Who will be paying the fee for the handball camp?

Club

Parent

Organized transport from Zagreb needed:

We want just registration fee (no accommodation):

Please fill out the form with additional information you find relevant: _____

Comment: It is obligatory to attach the billing address!

Club's Signature

Parent's Signature