



REGISTRATION and reservation to return urgently by fax 003904611862620 or
by e-mail info@arcobalenobasket.com or info@pallacanestrovillazzano.it

In case changes please complete all the forms

SOCIETY	_____	TOWN	_____
SITE	_____		
CATEGORIES	_____	NAME TEAM MANAGER	_____
_____	_____	_____	_____
TEL.	_____	CELL.	_____
TEL. OFFICE	_____	FAX	_____
E-MAIL	_____		

ACCOMMODATION

TEAM	Nº PERSONS	STARS HOTEL	NOTES
Players			
Coach			

PARENTS (only in hotel)*	Nº SINGLE	Nº DOUBLE	Nº TRIPLE	NOTES

* included children 0-3 years Nº _____, 3-6 years Nº _____ (for reduction in hotel)

NOTES: _____

The Society _____

Agree to the 9th edition of the "CITTÀ DI TRENTO 2010" tournament according to the information enclosed and commit himself to respect the tournament regulations.

DATE _____ **SIGNATURE** _____