

NAME OF THE TOURNAMENT

Place (Country), Date (from - to)

Hotel:

Address:

Phone:

Playing Venue:

Address:

Country: _____

Contact person

Name: _____

Email: _____

Phone: _____

PARTICIPATION FEE FORM

	Number	Total entry fee
Players (XXX.XX Euro)		
Staff (XXX.XX Euro)		
Single room extra XXX Euro (XXX.XX Euro)		
Total Participation Fee		

The Participation Fee must be paid no later than XX/XX/XXX, by bank transfer.

Details for payment:

Account holder:

Address:

City:

ZIP code:

Country:

IBAN:

BIC:

Please return this form to the Organizing Committee no later than XX/XX/XXXX, together with the bank transfer's receipt.

E-mail: