



REGISTRATION FORM

Participant:

First name	Surname —————		Date of birth
Postcode Town/city		Street	
,,		5.1.001	
Nationality		Club/Region —	
Telephone no.	Email		
cing class (tick 1 only): Rook	ie O Master	O Elite XL	O ELITE XL over18
Parent/Legal guardian:			
First name	Surname		Date of brith
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^{*}Send electronically or by mail including a recent **jpg photo** to: austria-seifenkiste@gmx.at