

REGISTRATION FORM



INTENDED MODALITY		SPORTS CENTRE	
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ATHLETE DETAILS

NAME				GENDER	
DATE OF BIRTHDAY		CITIZEN CARD		VAT	
ADDRESS				LOCALIDADE	
ZIP CODE	-	SCHOOL/COLLEGE			
CLUB		POSITION		YEARS IN PRACTICE	
SIZE OF T-SHIRT	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> L

Tick the desired option with an X

HOUSEHOLD DATA

FATHER			PARENT / GUARDIAN		
EMAIL		MOBILE		PROFESSION	
MOTHER			PARENT / GUARDIAN		
EMAIL		MOBILE		PROFESSION	

Tick the desired option with an X

Tick the desired option with an X

GUARDIAN'S DETAILS (IF YOU ARE NOT THE PARENT)

NAME			GRAU DE PARENTESCO		
EMAIL		MOBILE		PROFESSION	

INVOICING DATA

NAME				VAT	
ADDRESS				LOCATION	
ZIP CODE	-	EMAIL			

HOW DID YOU HEAR ABOUT 370° PERFORMANCE?

WEBSITE	<input type="checkbox"/>	SOCIAL MEDIA	<input type="checkbox"/>	OPEN DAY	<input type="checkbox"/>	HOLIDAY CAMP	<input type="checkbox"/>
VIA FRIEND/ ACQUAINTANCE	<input type="checkbox"/>	OTHER					

Tick with an X, if applicable, or describe in the "OTHER" option

SIGN		DATE	
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