



APPLICATION FORM

	ory Boys			
	Surname	Name	Date of birth day/month/year	*Other important information
1				
2				
3				_
5				
6				
	ory Girls	1		
	Surname	Name	Date of birth day/month/year	*Other important information
1				
2				
3				
Catego	ory Officials		1	
	Surname	Name	Date of birth day/month/year	*Function, other important info
1				
2				
3				
4				
5				
*Allerg	gies, intolerances, ve	getarian, vegan, etc		
partici Please	pation fee as soon a send your application	s possible. Keep in on form to this e-m	ith the full payment of mind our deadline is alena.klaeusler@	June 26, 2019. Dbluewin.ch
			. E-mail:	
Date:			Signature:	
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