

Vass Ildikó Basketball Echternach



Registration Form

Player Name First Name _____ Last Name _____

Birth Date Month _____ Day _____ Year _____

Address _____

Phone _____

Email _____

School _____

Parents Name(s) Mother: _____ Father: _____

Mother's Cell Phone: _____ Father's Cell Phone _____

Mother's Email: _____ Father's Email _____

Where did you hear about us:

- School
- A friend or colleague
- Flyer
- Media

2 weeks try out period.

Membership is 250,00 Euro per Season (School Year).

The payment will be made within 1 month after the membership or the season starts.

Vass Ildiko Basketball Echternach

BCEELULL

LU19 0019 5555 5878 0000

If you want you can support VIBBALL with an extra donation via our website.

Visit www.vibball.com for other options like Camps, Individual practices and products from our VIBBALL shop.

During games and practices occasionally pictures and videos will be taken.

With signing this form you agree to our payment procedure and the use of the videos and pictures to promote VIBBALL Echternach.

For any other details & questions please contact us on info@vibball.com

Parent Signature _____

Date _____