



**BASKETBALL COACHES ASSOCIATION  
OF  
THE ITALIAN BASKETBALL FEDERATION**

**REGISTRATION FORM  
INTERNATIONAL COACHES CLINIC  
PESARO, JUNE 28-29-30  
Palasport - Viale dei Partigiani**

PLEASE SEND BACK THIS FORM AND THE COPY OF THE PAYMENT RECEIPT  
by:

**FAX: +39-06-62276070**

**or**

**E-MAIL: [allenatori@fip.it](mailto:allenatori@fip.it)**

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

E-MAIL \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_

TEAM \_\_\_\_\_

DIVISION LEVEL \_\_\_\_\_

COUNTRY \_\_\_\_\_

**Payment of €150,00 must be made by bank transfer to Mr. Giorgio Gandolfi for the Pesaro Clinic:**

**Deutsche Bank**

**Iban code: IT 83 F 03104 11401 00000820126; Swift Code: DEUTITMI459**

**Description of payment: International Coaches Clinic CNA 2013**

**IMPORTANT NOTE**

**THE AMOUNT OF € 150,00 DOES NOT INCLUDE TRIP, MEAL, OR LODGING EXPENSES.**

**IF THE PARTICIPANT CANNOT ATTEND THE CLINIC FOR ANY REASON, THE FEE WILL NOT BE REFOUNDED**

Date \_\_\_\_\_

Signature \_\_\_\_\_

**FOR PESARO HOTELS BOOKING, PLEASE CONTACT DIRECTLY:**

**CONVENTION BUREAU TERRE DUCALI**

Via G. Branca, 22

61121 – Pesaro (PU)

P.Iva - C.F. 02153680414

Telefono: +39-0721-371304

Fax: +39-0721-23851

E-mail: [prenotazioni@cbterreducali.it](mailto:prenotazioni@cbterreducali.it)

**You can also fill the enclosed hotel booking form and fax or mail it to the above address.**