

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

REGISTRATION FORM
International Youth Level Coaches Clinic
ROME, February 25-26
PalaFelici Stella Azzurra, Via Flaminia 867

PLEASE SEND THIS FORM by:

FAX: +39 06 62276070

or

E-MAIL: allenatori@fip.it

NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP CODE _____

COUNTRY _____

E-MAIL _____ MOBILE NUMBER _____

YOUTH LEVEL TEAM _____

CLUB _____

Payment of € 90,00 must be made by bank transfer to Mister Giorgio Gandolfi for Italian Basketball Federation Clinic:

Deutsche bank

Iban code: IT 83 F 03104 11401 000000820126; Swift Code: DEUTITMI459

Description of payment: International Coaches Clinic CNA 2013

IMPORTANT NOTES

THE AMOUNT OF € 90,00 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 ROME'S HOTEL BOOKING , PLEASE CONTACT:
(please, mention you are a participant of the International Basketball Clinic)

Mr. David Morris

Daltours srl

Rome

Tel. +39-06-66000016

Fax: +39-06-66000564

E-mail: david@daltours.it

☐ www.daltours.it